



Independent School District 279 Osseo Area Schools
 Osseo Senior High School
 317 Second Avenue NW
 Osseo, MN 55369

TRANSCRIPT RELEASE AUTHORIZATION FOR LAST YEAR'S GRADUATES

This authorization allows Osseo Senior High to release academic transcripts.

Osseo Senior High School requires five (5) school days to process all transcript requests.
A \$3.00 fee is required for each transcript requested.

Student: _____ Birth Date: _____

Phone #: _____ ID #: _____ Date: _____

<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one): <input type="checkbox"/> College application <input type="checkbox"/> Military <input type="checkbox"/> NCAA <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____</p> <p>Indicate one: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial</p>	<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one): <input type="checkbox"/> College application <input type="checkbox"/> Military <input type="checkbox"/> NCAA <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____</p> <p>Indicate one: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial</p>	<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one): <input type="checkbox"/> College application <input type="checkbox"/> Military <input type="checkbox"/> NCAA <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____</p> <p>Indicate one: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial</p>
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Signature of student authorizing release of records

Date of authorization

For office use only:
 REQUEST COMPLETED BY: _____ \$ _____ paid DATE: _____