



**Villa Rica High School
Academic and Athletic Release Form**

Student Name: _____ Student Number: _____ Graduation Year: _____

By Signing this form I, _____, give Villa Rica High School permission to release any academic and athletic information to prospective colleges, universities or scholarship programs. I understand that it is the student's responsibility to notify the counseling office of any colleges and programs for which a transcript is needed and to do so at least two weeks before the due date at the college, university or scholarship program. A \$2.00 fee is required for any mailed and printed official transcripts

Student Name (print) _____

Student Signature: _____

Date: _____

I acknowledge and agree to my student's request to release his/her transcript.

Parent Name (print): _____

Parent Signature : _____

Date: _____