

# Orange Grove High School

P.O. Box 534 Orange Grove, TX 78372

Phone: (361)384-2330

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## Request for Transcript/Records Release

The following information is necessary for release of transcript or student records.

Full name while attending high school \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Or Grade Level (for current Student) \_\_\_\_\_

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## Consent for Record Release

I hereby give permission for my  High School Transcript  Student Records  
to be released to the following:

Check one of the following:

College/University  Employer  Self  Other \_\_\_\_\_

Release to: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

FOR OFFICE USE ONLY:  Official Transcript  Unofficial Transcript

Number of Copies: \_\_\_\_\_  Student Records

Hand Delivered  Mailed  Faxed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date