

School #2: _____
Name of School

Street Address City State Zip

School #3: _____
Name of School

Street Address City State Zip

Fax to: _____
Attn: Fax # Phone #

Pick-up at HHS. Please allow 3-5 days until pick-up. With the exception

Person Picking up Records Date Approximate Time

SIGNATURES

By signing below, you consent to your records being released by HHS.

Your Signature Date

Signature of personnel releasing records Date records released