



Paul M Dorman High School
1050 Cavalier Way Roebuck, SC 29376 (864)582-4347 fax (864)342-8994

AUTHORIZATION TO RELEASE RECORDS - FORMER STUDENT

There is a charge of \$5.00 for **each** transcript processed for students not currently enrolled.
Mail this completed form along with \$5.00 for **each** transcript requested to Attention: Records.

I hereby authorize Paul M Dorman High School to release the records of:

(Last Name) (First Name) (Middle Name) (Maiden Name)

Date of Birth _____ Year of Graduation: _____

If **not**, last date of attendance: _____ Last grade completed: _____

Last Spartanburg District 6 school attended: _____

Full **name** and **mailing address** of college, technical college, or institution to whom you want this record sent:

Signature of Student

Current Address City, State Zip

Current Phone Number

To Pay Using a Credit Card:

Complete information below and fax to: 864-342-8994 Requests cannot be received via email.

Email is not a secure manner in which to send payment information.

Name on Credit Card: _____

Account#: _____

Expiration Date: _____ Security Code: _____

Signature: _____