

North Harrison High School Guidance Office

Jeff Huffman
Counselor

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Kelli Stone
Counselor

Please sign and return this form to the address listed above. It requires your parent or legal guardian's signature if you are under eighteen years of age, and yours if you are eighteen years or older.

Date _____ I, _____,
(signature of legal party)

authorize the release of (health records, transcript, test scores, or _____)
(please circle or fill in your request)

of _____, date of birth _____, and year of
(name of person whose records are being requested
including maiden name, if applicable)

graduation _____, to the following institution or agency:

Institution or agency where you want your transcript mailed or faxed
(example: college, employer, person, government agency)

Address or Fax number

City

State

Zip

Please list any special instructions or needs below.