

Sargent Public School

TRANSCRIPT AUTHORIZATION

I hereby authorize the appropriate personnel of the _____
_____ to release copies of my entire school
records including a complete record of grades earned in all classes
attempted and results of all standardized tests. I request that these
transcripts be forwarded/released to:

Sargent Public Schools
PO Box 366
400 N 5th St.
Sargent, NE 68874
Phone: 308-527-4119 FAX: 308-527-3331

DATE: _____

Student Name: _____

Special Education Files

SIGNATURE: _____