Transcript & Test Score Release Form

I authorize the release of Almont High School transcript(s) and test scores (ACT/SAT) for:

Student Name		Schools to be Released To
Parent/guardian signature:		Date:
Student (18+) signature:		Date:
If mailing, send to:	ATTN: Counseling Office	
	Almont High School	
	4701 Howland Rd	
	Almont, MI 48003	
If faxing, send to:	(810) 798-7011	