



Española Valley High School

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Registrar

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Home of the Sundevils

OFFICAL TRANSCRIPT RELEASE AUTHORIZATION

I hereby give authorization to release transcripts to:

REGISTRAR at: _____

Please send the following immediately:

- Transcript
- ACT Scores
- Immunization Records
- Attendance
- Discipline
- Other: _____

Immunization, attendance, and discipline records available only for current students.

Name attended under (maiden name): _____

Date of Birth: _____

Did Graduate Year of Graduation: _____

Did Not Graduate Last Year Attended: _____

Please mail to: _____

I Will Pick Up

Please fax to: (_____) _____ -- _____ # of Copies Needed: _____

Telephone #: (_____) _____ -- _____

Signature

Date

Please Allow 24 to 48 Working Hours to Process Request