



RECORDS RELEASE FORM

YOUTH'S NAME:

Last Name *First Name* *Middle Initial*

DATE OF BIRTH: ____/____/____

DATE OF GRADUATION/ATTENDANCE: _____

CYCLE: _____

The following records are requested to be released:

- ASVAB Test Results SCYCA Graduation Certificate Pre-TABE Test Results
- Birth Certificate IEP/PE/504 Social Security Card
- Discipline Records Immunization Record TABE Test Results
- GED Test Results Pre-GED Test Results Transcripts
- Other _____

The requested records are to be sent to the following:

NAME OR ORGANIZATION:

MAILING ADDRESS:

Street/PO Box *Ste./Apt.*

City *State* *Zip Code*

Telephone Number *Fax Number*

Signature of Youth *Date*

Signature of the Parent/Legal Guardian (if youth is under 18yrs old) *Date*