



Margaritta Local School District

REQUEST FOR RELEASE OF RECORDS FORM

(updated 2/2012)

I. STUDENT INFORMATION

Last Name	First Name	Maiden Name/Other Name
Mailing Address, City, Zip		
Phone Number	Email Address	Date of Birth
Date Graduated	Date Withdrawn	Please send: <input type="checkbox"/> Complete Transcript <input type="checkbox"/> Testing Results

II. OFFICIAL TRANSCRIPT RECIPIENT

I hereby authorize Margaritta Local Schools to release my official transcript (all school records as defined by Public Law 93-380, and any amendments thereto) to:
Name/College/University
Mailing Address, City, Zip

III. STUDENT OR PARENT/GUARDIAN SIGNATURE

Signature of Student (if 18 years old or older)	Date	
Signature of Parent/Guardian (if under 18)	Address	Date

To receive an official transcript from Margaritta Local Schools, you must submit the Request for Release of Records Form by postal mail, email or by fax. Requests from colleges or universities must include a signed release from the student. Official transcripts will be mailed to the recipient above (no official transcript can be faxed or emailed).

By Mail:

Margaritta Board of Education
305 South Washington Street
Castalia, OH 44824

By Email:

Attention: Transcript Request, email to tsimecek@margaritta.k12.oh.us

By Fax:

Attention: Transcript Request, fax to 419.684.9003