

GRAYSON HIGH SCHOOL

Athletic Department

50 Hope Hollow Road

Loganville, GA 30052

770.554.7849

770.554.1089 (fax)

TRANSCRIPT RELEASE FORM

This is to certify that _____ has given permission for his/her high
(Student Name)

school transcript, test scores and current schedule to be released to college recruiters for the purpose of determining academic readiness for admission to college. In signing this release,

I also grant permission to fax/email these records to the college(s).

Date: _____

Grade: _____

Student Signature: _____

Parent Signature: _____