

DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

Authorization to Release Information Form

School Records

I hereby grant the authorized personnel of Diman Regional Vocational Technical High School permission to release the information as requested by colleges, schools, employers, scholarship committees and military services and any other pertinent individuals.

Name: _____ Name while in school: _____

Current Mailing Address: _____ City/State: _____ Zip: _____

ID# _____ Date of Birth: _____ Telephone #: _____

Year of Graduation: _____ Shop: _____

Signature of Student, Graduate or Parent/Guardian (if under 18 years of age): _____

INFORMATION TO BE RELEASED TO:

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____
