

CRAWFORD AU SABLE SCHOOL DISTRICT
GRAYLING HIGH SCHOOL
1135 N. OLD U.S. 27
GRAYLING, MI 49738

Consent for transmittal of school records

Note: There is a \$5 transcript processing fee for individuals who are more than one year post graduation.

Name: _____

Date of birth: _____

I hereby authorize the above individual's records to be shared with:

Please indicate: Send records ASAP Hold for college applications

Student signature: _____
(If student is 18 years of age)

Parent signature: _____
(If student is under 18 years of age)

Date: _____

Note: This authorization expires one year from the date signed.