

**HOOVER HIGH SCHOOL**

**CONSENT FOR RECORD RELEASE FOR GRADUATES**

Name: \_\_\_\_\_

Name while attending Hoover

Address: \_\_\_\_\_

(if different) \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Graduate – Class of \_\_\_\_\_

\_\_\_\_\_ Non-Graduate – last date attended \_\_\_\_\_

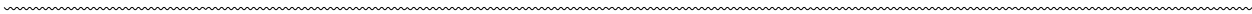
You are authorized to release an official transcript of my high school records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcript fee: \$2.00**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



Please sign this release form and return it with the \$2.00 transcript fee to:

Hoover High School  
525 7<sup>th</sup> Street NE  
North Canton, OH 44720  
Atten: Transcripts

**Office Use Only:**  
Date Sent: \_\_\_\_\_  
Sent by: \_\_\_\_\_