Chandler Unified School District Official Release of Academic Information

Date:		
Student Name:	_ ID:	Class of
I authorize Basha HS Chandler HS to release the following information:	☐Hamilton HS	Perry HS
Please check all that apply:		
Official and/or Un-Official Transcript		
Grades		
Class Schedules		
☐ ACT and/or SAT Test Scores (Most curre	ent on-file with the	e Registrar's Office)
Please check one box: To any college/university including their OR Only release information to school(s) including their check one box:	_	
College:		
Attention:		
City:		
StateZip:		
College:		
Attention:		
City:		
StateZip:		
Student Signature:		
Parent Name:(print)		
Parent Signature (required if under 18 years	of age)	
Return this form to :		

Student Name:		ID:	Class of
College:			_
Attention:			
State	Zip:		
College:			_
Attention:			
City:			
State	Zip:		
College:			-
Attention:			
City:			
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College:			_
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State	Zip:		
College:			-
Attention:			
City:			
State	Zip:		