



Bismarck Public Schools

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HUMAN RESOURCES MANAGER

AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPT INFORMATION

I hereby authorize the Bismarck Public School District #1 to release my school records. (If under 18, Parent's signature required.)

SIGNATURE _____ **DATE** _____

Advance payment of \$2.00 per transcript is required. Please make checks payable to Bismarck Public Schools and return along with this form to: ATTENTION: Karen, Bismarck Public Schools, 806 N Washington St, Bismarck, ND 58501. (Cash or Money Orders are also acceptable.)

STUDENT'S NAME _____ **BIRTHDATE** _____
(Maiden Last Name/Name Used When Attending School)

SCHOOL _____ **GRADUATED** _____ Yes _____ No

YEAR GRADUATED OR LAST YEAR ATTENDED _____

CURRENT ADDRESS _____

MAIL TRANSCRIPT TO _____

