

RELEASE OF INFORMATION

I authorize Evergreen Community Charter School to release the following information to colleges, universities, or other post-graduate programs to which I am applying or plan to attend:

_____ High School Transcript

_____ Other (please indicate)

STUDENT'S NAME _____

STUDENT'S SIGNATURE _____

(if under 18 years of age, please have parents complete below)

PARENT'S NAME _____

PARENT'S SIGNATURE _____

DATE _____