FAIRFIELD LUDLOWE HIGH SCHOOL Permission to Release Records

Student Name:	Homeroom:
Student ID:	Counselor
to all schools, colleges, spec application. Official records	record (High School Transcript) will need to be sential programs and scholarships to which you submit a are signed and the official seal affixed to the record must be sent directly to the program or institution.
The records we send a	e as follows:
Secondary School Recounselor Letter of Recounselor Letter of Recounselor Letter of Recounselor Recounselor Letter of Recounselor Letter of Recounselor	cademic Performance Test) ort Form commendation (by request)
these records to any and all	ion for Fairfield Ludlowe High School to release chools, colleges, programs, agencies, scholarship programs as requested by my daughter/son or me.
Student Signature	Date
 Parent/Guardian Signa	ure — Date