FAIRFIELD LUDLOWE HIGH SCHOOL Permission to Release Records

Student Name:		Homeroom:
Student ID:	Counselor _	
to all schools, colleges, sp application. Official recor	ecial programs and sch rds are signed and the o	Transcript) will need to be sent olarships to which you submit an official seal affixed to the record y to the program or institution.
The records we send	d are as follows:	
Secondary School F Counselor Letter of NCAA Clearinghou First Marking Perio	t Academic Performanc Report Form Recommendation use (by request) and Grades (by request)	School Profile, which gives an
these records to any and a	all schools, colleges, pro	dlowe High School to release ograms, agencies, scholarship sted by my daughter/son or me.
Student Signature		 Date
 Parent/Guardian Sig.	nature	 Date