OCEAN CITY HIGH SCHOOL GUIDANCE DEPARTMENT
RECORDS RELEASE FORM

Student Name: _____ Date of Birth: _____

Social Security Number: _____ ____ _____ Telephone #: _____

Address: _____
Apt. # and/or Street Address City State Zip

Parent(s)/Guardian(s) Name(s): _____

Records in the statement below refers to, but may not be limited to: the official high school transcript, child study team data (where applicable), student health record, professional staff recommendations, etc.

I give my permission for the Ocean City High School Guidance Department to release my student records to the colleges, universities and scholarship programs listed at the bottom of this form.

Student Signature: _____

Note: Students under 18 must have a parent/guardian signature.

Parent/Guardian Signature: _____

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THIS SECTION WILL BE COMPLETED BY THE COUNSELOR UPON RECEIPT OF APPLICATION MATERIALS

Please send my records to the following schools and/or scholarship programs:

Name	Date Rec.	Date Sent