

New Foundations Charter High School
4850 Rhawn Street
Philadelphia, PA 19136
215-344-6410

AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete and sign this form so that we properly release your records:

Print Name: _____ Date: _____
(Maiden)

Address _____ Phone: _____

Birth Date: _____ Graduation- Month _____ Year _____

Send to: 4 year college _____ 2 year College _____ Other _____

Name of Institution: _____

Address: _____

Records Requested: Final Transcripts _____ (\$2 dollar Transcript fee payable to NFCS)

Educational _____

Psychological _____

Other _____

I hereby give permission to New Foundations Charter High School to release information from my permanent record file in compliance with the above request.

Signature

For Office Use Only:

Rec'd: _____

Paid \$ _____

Sent _____