

Forest Park High School

15721 Forest Park Drive, Woodbridge, VA 22193 703-583-3200

ACADEMIC CONSENT FORM

| Ι, | , authorize Fores | t Park High School to |
|-----------------------------|-------------------|-----------------------|
| (Parent/Guardian's Name) | | - |
| release any information for | | that is requested |
| | (Student's Name) | · |

from his/her cumulative record (to include initial transcript, mid-year transcript/report, and

final transcript) by any colleges/universities, employers, military branches, athletic recruiters or

scholarship agencies.

I have read and understand the Official Transcript Request Instructions.

(Parent/Guardian's Signature)

(Date)

(Student's Signature)

(Date)

FPHS OFFICE USE ONLY:

| Date Received | Date recorded in Naviance |
|---------------|---------------------------|
| | |