



Forest Park High School

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

ACADEMIC CONSENT FORM

I, _____, authorize Forest 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 for the purpose of furthering my education, gaining employment, or obtaining scholarships.

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
---------------	---------------------------