

**CONSENT FOR RELEASE OF RECORDS
PINKERTON ACADEMY
(this form is for graduates or former students)**

Date _____ Year of Graduation _____

Date of Birth _____ Home Phone# _____

Name of Student: _____
(Use maiden name if married)

Release this information to: (agency, person, college, etc. name and address) specify if an official transcript is needed.

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
|----------------------------|----------------------------|

Reason for release of information:

_____ College Admissions _____ Transfer Schools/Colleges _____ Interview
_____ Withdrawal _____ Other (Specify) _____

Information to be released:

_____ Transcript _____ Other (specify) _____

I give my permission for the above information to be forwarded to the above named party.
(one signature is necessary – student must sign if over 18 or a graduate)

Parent/Guardian Signature

Student Signature

*This form should be mailed, emailed or faxed to:

Registrar
Pinkerton Academy
5 Pinkerton Street
Derry, NH 03038
(603-437-5200 X1177)
FAX: 603-437-5207
E-mail: NCofrin@pinkertonacademy.org

*No fee