

FRIENDSWOOD HIGH SCHOOL

REQUEST FOR CONTENTS OF PERMANENT HIGH SCHOOL FOLDER

NAME _____

ADDRESS _____

TELEPHONE _____

Year of Graduation or last attendance: _____

Date of Birth _____ Social Security Number _____

In accordance with the requirements of the Family and Education Rights Privacy Act, I give authorization to the following person to pick up my documents:

Name _____

Relationship _____

I understand that my documents have been held for at least seven years, as required by law, and that only my transcript and immunization records will continue to be held at Friendswood High School. I further understand that only regular academic documentation is available through this process and does not include any documentation created through special departments or programs.

Signature

Date

At pickup:

Signature

Date