Byron Area Schools
312 W Maple
Byron, Michigan 48418

I hereby authorize Byron High School, 312 Maple Avenue, Byron, MI 48418 to release a copy of

my official: _____Transcript _____GED _____Immunization records _____Other

(If other, please state:_____)

to: _____
(Self -or- name of College, University, Business Office, etc)

_____
Address City State Zip

Name_____
(Please include maiden name if married)

Parent's signature_____
(This is needed if student is under 18 years of age)

Years of Attendance:_____ Birthdate:_____

Date of graduation:_____ Date of GED:_____

Social Security Number:_____

Signature:_____ Date:_____

_____
Address City State Zip

Phone number:_____

PLEASE FILL OUT AND FAX TO ELLIE MILLER 810.266.5010

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OFFICE USE ONLY

Date sent or gave to individual:_____ Initials:_____