

# Northumberland Adult Diploma

## Transcript Release Form

Name of Student: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize the release and exchange of the following information between the Northumberland Adult Diploma Program and the school named below:

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

### Records Requested:

Cumulative Education Record/Transcript

Grades to Date of Withdrawal

Standardized Test Scores

Special Education Records

Psychological Evaluations or Other Ed-Psych Testing

This information shall be used for the purpose of helping the above signed work toward the completion of his or her high school diploma.

I understand that under the provision of Public Law 93-380, the Family and Educational Rights and Privacy Act of 1974, that no agency may release any personally identifiable information regarding the above stated person without that person's written permission specifying that the records may be released, reasons for the release, and to whom the records would be released to.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

### Please send official copies of records to:

Michelle Larcomb, Director  
Northumberland Adult Diploma Program  
65 State Street  
Groveton, NH 03582  
Phone: (603) 609-0831  
Fax: (603) 636-9752  
[m\\_fox@sau58.org](mailto:m_fox@sau58.org)