



Harford County Public Schools

AUTHORIZATION TO RELEASE HIGH SCHOOL TRANSCRIPT (Former Student)

Demographic Information:

Name When Enrolled in HCPS: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Current Name (if different): Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

YOUR Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your last HCPS School of Attendance: \_\_\_\_\_

Month/ Year of Graduation: \_\_\_\_\_ OR Year of Withdrawal: (non-graduate) \_\_\_\_\_

Where would you like your transcript sent? (Please use "special instructions" area for additional requests.)

Organization: \_\_\_\_\_ Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate special instructions:

As the individual about whom this information is being requested, I hereby authorize the Office of School Counseling of the Harford County Public Schools system to release information concerning my records. I understand that the recipient of the records(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

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

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

Note: A third party may have requested your transcript be issued to them with the envelope seal unbroken. Opening the envelope will render the transcript invalid or unofficial. Please order two transcripts if you need a copy for personal use.

INSTRUCTIONS:

- 1. Print, complete, and SIGN this request form. Note: Typed signatures are not acceptable.
2. EMAIL or MAIL completed request to your high school.
3. Please allow 10 - 14 business days for processing.

<b>SCHOOL ADDRESS</b>	<b>MAIN OFFICE</b>	<b>SCHOOL COUNSELING OFFICE PHONE &amp; FAX NUMBERS</b>
Aberdeen High 251 Paradise Road Aberdeen, MD 21001-2399	410-273-5500	<b>410-273-5585</b> <b>Fax – 410-273-5587</b>
Alternative Education – CEO Swan Creek 253 Paradise Road Aberdeen, MD 21001-2492	410-273-5594	<b>410-273-5594</b> <b>Fax- 410-273-5592</b>
Bel Air High 100 Heighe Street Bel Air, MD 21014-4196	410-638-4600	<b>410-638-4606</b> <b>Fax – 410-638-7953</b>
C. Milton Wright High 1301 N. Fountain Green Rd Bel Air, MD 21015-2599	410-638-4110	<b>410-638-4270</b> <b>Fax – 410-638-4612</b>
Edgewood High 2415 Willoughby Beach Road Edgewood, MD 21040-3496	410-612-1500	<b>410-612-2071</b> <b>Fax – 410-612-1585</b>
Fallston High 2301 Carrs Mill Road Fallston, MD 21047-1899	410-638-4120	<b>410-638-3542</b> <b>Fax – 410-638-4125</b>
Harford Technical High 200 Thomas Run Road Bel Air, MD 21015-1699	410-638-3804	<b>410-638-3884</b> <b>Fax – 410-638-3820</b>
Havre de Grace High 700 Congress Avenue Havre de Grace MD 21078	410-939-6600	<b>410-939-6603</b> <b>Fax – 410-939-6667</b>
Joppatowne High 555 Joppa Farm Road Joppa, MD 21085-4698	410-612-1510	<b>410-612-1510</b> <b>Fax - 410-612-1528</b>
North Harford High 211 Pylesville Road Pylesville, MD 21132-1398	410-638-3650	<b>410-638-3650</b> <b>Fax – 410-638-3632</b>
Patterson Mill Middle/High 85 Patterson Mill Road Bel Air, Maryland 21014	410-638-4640	<b>410-638-4633</b> <b>FAX- 410-638-4646</b>

**Note: If you wish to email your completed form, please contact the School Counseling office for the email address of the current School Counseling Secretary.**