

DOVER-SHERBORN HIGH SCHOOL

Guidance Office

Dover, Massachusetts 02030

RECORDS RELEASE FORM

I give permission to the Guidance Department of Dover-Sherborn High School to release 1st Quarter* and Mid-year grades, and Final High School transcripts of:

Name

To any school or program to which the above student will be applying: _____

Signed: _____

Student

Signed: _____

Parent or Guardian

Date: _____

*****PLEASE REMEMBER TO BRING IN YOUR
\$5 PROCESSING FEE
WHEN YOU RETURN THIS FORM!!**

**Please speak with your counselor well in advance of the end of first quarter if you need us to delay sending in your grades.*