

Consent for Student Record Release

Please give this form to your child's current school.

Student Name:				
Student Address:				
Cit	y:	s	State:	Zip:
Date of Birth:				
School Official: The student above has applied for admission to Professional and Technical High School. Please send a copy of my child's school records, including:				
 Grades (current grades and transcript, if possible) Attendance Records Discipline Records Any Standardized Test Scores (from past two school years, if available) 				
Records can be sent via email or mail to:				
Victoria.funksummers@osceolaschools.net				
;	Student registrar nal and Technical High 501 Simpson Rd. immee, Florida 34744	n School		
Parent/Guardian Signatu	ıre:			Date:

If you have questions, please contact our Admissions Office at 407-518-5407.