



RAYMORE-PECULIAR HIGH SCHOOL

20801 SCHOOL ROAD - P.O. BOX 789
PECULIAR, MO 64078

POST-SECONDARY ACADEMIC RECORD RELEASE

(Student must fill out this side if over the age of 18)

By signing this form, I give permission to Raymore-Peculiar High School to release my academic records, including the following, to any post-secondary institution upon my request until September of the year of my graduation.

Please mark your preferences:

- Standard information including: student identification information, semester grades, credits, grade point average, constitution test results, A+ program status
- ACT test results
- Advanced Placement (AP) test results
- SAT test results
- IB test results
- Lexile scores
- Immunizations Record

Student name: _____

Student date of birth: _____

Student signature: _____

Date: _____



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POST-SECONDARY ACADEMIC RECORD RELEASE

(Parent must fill out this side if student is under the age of 18)

By signing this form, permission is given to Raymore-Peculiar High School to release academic records, including the following, for a student under the age of 18 to any post-secondary institution upon request until September of the year of the student's graduation.

Student name: _____

Student date of birth: _____

Please mark your preferences.

- Standard information including: student identification information, semester grades, credits, grade point average, constitution test results, A+ program status
- ACT test results
- Advanced Placement (AP)
- SAT test results
- IB test results
- Lexile scores
- Immunizations Record

Requests may be made by the following people:

Please print: Name / Relationship

Please print: Name / Relationship

Please initial if student is allowed to make requests _____

Parent/Guardian signature

Date