

Name _____

S.S.# _____ Birth Date _____

Guardian(s) _____

Address _____

Dear Parent:

Please sign the following statement so we may release information to post secondary institutions.

I give my permission for Brandywine Heights High School's Counseling Department to release _____
(Student's Name)

official/unofficial high school information. This information may include my child's social security number. When you request that we send SAT and/or ACT scores, all scores will be sent.

Parent Signature

Date

Return to the Counseling Office as soon as possible. Thank you!