

REQUEST FOR RELEASE OF INFORMATION

(Transcripts, Report Cards, & Test Score Results)

For
Name _____
Address _____
City, State, & Zip _____
Date of Birth _____
Telephone No. _____
Social Security No. _____
Parents Names _____

From
Name of School _____
Address _____

Telephone & Fax Nos. _____

Requesting Agent: W. E. B. DuBois Scholars Institute, Inc.
66 Witherspoon Street
Suite 360
Princeton, N.J. 08542

I _____ (name of parent) give permission to release _____ (name of son/daughter) grades, either report cards or transcripts, and test score results to the W. E. B. DuBois Scholars Institute, Inc. Note, this permission is given for one year.

Signature of Parent Date

Signature of Student Date

Note, if student is age 18 or older, parent signature is not required.