

CONSENT TO RELEASE PUPIL RECORDS

ERIE HIGH ROYALS

3325 Cherry Street, Erie, Pennsylvania
814-874-6200/Email: rwroblewski@eriesd.org
www.eriesd.org

Erie High School Central/Central Tech Tech East High School Strong Vincent

Date: _____

My name will be found under the name of _____

Last

(Maiden)

First

Current Address: _____

City

State

Zip

Date of Birth: _____ Social Security Number (Last 4): _____

Telephone Number: _____

Graduate

Yes, Year Graduated: _____

No, Last year attended: _____

Evening School. Year attended: _____

GED. Year attended: _____

I will graduate at the conclusion of the school year 20_____

Name of Counselor: _____

LEGEND – Grade 11 & 12			
Course Level Quality Points			
Point Scale	AP	Honors	Reg.
A (93-100)	6	6	4
B (85-92)	5	4	5
C (77-85)	4	3	2
D (70-76)	1	1	1
F (69% or below)	0	0	0
W (Withdrawal)			

LEGEND – Grade 9 & 10			
Course Level Quality Points			
Point Scale	AP	Honors	Reg.
Mastery	6	5	4
Proficiency	5	4	3
Satisfactory	4	3	2
Unsatisfactory	0	0	0
W (Withdrawal)			

Permission is granted to the principal of Erie High School 3325 Cherry Street, Erie, PA 16508 to release academic, health, directory information, etc. for the student whose name appears above. Also for job placement purposes, and includes teacher recommendations.

IMPORTANT

- Did you take the SAT Test?
 No
 Yes, Month & Year Taken: _____
Did you take it once or twice? _____

IMPORTANT

- Did you take the ACT Test?
 No
 Yes, Month & Year Taken: _____
Did you take it once or twice? _____

Signature of Student

If under 18 years of age, then
Parent/guardian must sign.

Signature of Parent/Guardian

Please send my transcript to:

Name of College, Employer, etc.

Address

City State Zip

Office Use Only:

Name

Title

Official copy sent: _____

Unofficial copy sent: _____