



**Boiling Springs High School**

2251 Old Furnace Road, Boiling Springs, SC 29316 (864) 578-8465 fax (864)578-6825

**AUTHORIZATION TO RELEASE RECORDS – FORMER STUDENT**

There is a charge of \$10 for each transcript processed for former students who have graduated from *Class of 2000 until the present time* and not currently enrolled. **Prior** to the year 2000, the fee is \$20; these records are stored off campus. Mail or fax this **completed form along with a copy of your picture ID**, the \$10 or \$20 fee and **\$5 for each additional transcript** copy requested to Boiling Springs High School, Attention: Records.

I hereby authorize Boiling Springs High School to release the records of:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)

Date of Birth \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**If not**, last date of attendance \_\_\_\_\_ Last grade completed \_\_\_\_\_

Last Spartanburg District 2 school attended: \_\_\_\_\_

Full address of college, technical college, or institution to which you want this record sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student (If mailing or faxing, signature **must** be notarized) Notary Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Current address Telephone number

For Office Use Only: Date Processed: \_\_\_\_\_

**To Pay Using a Credit Card:** Complete information below and fax to: 864-578-6825

Name on Credit Card: \_\_\_\_\_

Account#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_