

Date: \_\_\_\_\_

**OIL CITY AREA SCHOOL DISTRICT**  
***AUTHORIZATION FOR RELEASE OF INFORMATION***

I hereby authorize the Oil City Area School District to release all information; grades, test results, including PSAT, SAT, and/or ACT scores, and/or recommendations on file for:

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

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

To: \_\_\_\_\_  
(Name/Address of Recipient to receive Transcript/Records)

High School Graduate: (Check one)      NO (    )  
                                                                         YES (    )    Year \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian or Student Signature)                      (Relationship)

**\*\* (If under 18 years of age, parent must sign; if 18 or over, student can sign)**

Mail to:      Oil City Senior High School      OR      Fax to: (814) 677-7256  
                 Attn: Guidance Dept.                      Email: mharkless@mail.ocasd.org  
                 10 Lynch Blvd.  
                 Oil City, PA 16301