

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)

To: _____
(Name of Recipient) (Complete Address)

High School Graduate: (Check one) NO () Date of Birth _____
 YES () Year _____ Phone # _____

(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.
 10 Lynch Blvd.
 Oil City, PA 16301