



121 Martin Luther King Jr. Blvd. North | Dover, DE 19901 | (302) 744-5000
records@delaware.gov

PERMISSION FOR DISCLOSURE OF EDUCATIONAL RECORDS

Current Name: _____

Name while attending school (use legal last name): _____

Date of Birth: _____

Phone Number: _____

Current Address: _____

School Attended: _____

Permission is granted to disclose the education records listed below:

Year Graduated _____ or Year Withdrawn _____

Please check appropriate items:

- 1. _____ Cumulative record (i.e., academic grades, attendance date, and test scores)
- 2. _____ Health data and / or medical reports.
- 3. _____ Diagnostic and evaluative data
- 4. _____ Other (be specific) _____

The Purpose for this disclosure is: _____

I hereby consent to the disclosure of the above record(s).

Date: _____ Signature: _____

(Parent/guardian/student over 18 years)

Mail to:

Delaware Public Archives
Government Services: ATTN: School Record Request
121 Martin Luther King Jr. Blvd. North
Dover, DE 19901

Email: records@delaware.gov
Telephone: (302) 744-5000 Fax: (302) 739-6710

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