Fitzgerald High School

Department of Athletics
601 W. Cypress St. Fitzgerald, GA. 31750

AUTHORIZATION TO RELEASE STUDENT TRANSCRIPTS FORM

_____ _____ ___/____/_____ _____
NAME GRADE DATE OF BIRTH I.D NUMBER

_____
ADDRESS

_____ _____ _____
CITY ZIP CODE CELL PHONE

_____ **(NA)** _____ - _____ - _____
E-mail SOCIAL SECURITY NUMBER

I AUTHORIZE **Fitzgerald High School** to release my transcripts, including ACT and SAT scores, to educational institutions in order to determine my academic and athletic eligibility.

I FURTHER AUTHORIZE **Fitzgerald High School** coaching and administrative personnel to release information or records to educational institutions in order to determine my academic and athletic eligibility.

_____ _____
Signature of Student Date

_____ _____
Signature of parent or guardian (required if student is under 18 years of age) Date

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PARENT PERMISSON SLIP
POSTING ATHLETIC PICTURES ON THE FHS WEBSITE

I hereby give my consent for _____ (STUDENT) to have his/her picture placed on the Fitzgerald High School website for the purpose of recognizing his/her athletic participation and/or accomplishments in an athletic event. My signature indicates my support for posting this information.

_____ _____
(DATE) (PARENT'S SIGNATURE)

ONE FITZGERALD!!!
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