



RAIDER ATHLETE
TRANSCRIPT RELEASE FORM

I hereby authorize Alpharetta High School to release transcripts of my son/daughter's grades, class schedule and/or standardized test scores to colleges or universities that request them for athletic recruitment purposes. This authorization continues until terminated by me in writing.

Student-Athlete Name (Print) _____

AHS Graduation Year _____

Parent Name (Print) _____

Parent Signature _____

Date _____