

Release of Student Records

STUDENT INFORMATION

In order to process your request for records, our office needs the following release completed, signed, and returned to us at the address below. We will promptly process your request upon receipt of the release.

Information Systems Phone: (801) 578-8224 Option 2 Fax: (801) 578-8442

Pursuant to the Family Education Rights and Privacy Act of 1974, which required consent for the release of information outside the school, I hereby give consent for the release of the educational records of:

Student's Legal Name while enrolled	Date of Birth	Last SLCS school attended
_____	_____	_____

RELEASE INSTRUCTIONS

This consent of the information to be released is limited to identifying information, (such as name, address, date of birth, sex, etc.), grades, credits, and standardized test results.

Name of school, institution, or individual	Street Address
_____	_____
City, State, ZIP Code	Date of Release
_____	_____

- Will pick up in person (Official transcript in sealed envelope).
- Please mail by deadline of : _____

PURPOSE OF TRANSCRIPT

- Admission to college/university
- Scholarship application
- Personal use

SIGNATURE OF PARENT OR LEGAL GUARDIAN

_____	_____
Signature of student if student is over 18 years of age	Date