

# Release of Student Records

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## STUDENT INFORMATION

In order to process your request for records, please complete, sign and return this release to the address below. Upon receipt, the request will be promptly processed within 5-7 days.

Information Systems Phone: (801) 578-8224

Fax: (801) 886-8932

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 D school attended

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## 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

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City, State, ZIP Code

Date of Release

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Will pick up in person (Unofficial transcript in sealed envelope). **Official transcripts must be obtained from the degree granting school.**

Please mail by deadline of : \_\_\_\_\_

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## PURPOSE OF TRANSCRIPT

Admission to college/university

Scholarship application

Personal use

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## SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Signature of student if student is over 18 years of age

\_\_\_\_\_  
Date