

**ALMONT HIGH SCHOOL  
4701 HOWLAND RD.  
ALMONT, MICHIGAN 48003**

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**Transcript/Test Score Release Form**

I authorize the release of H.S. transcript(s) and test scores (ACT/SAT) for:

\_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

Signature: \_\_\_\_\_  
(Student/ Eighteen Years of Age)

\_\_\_\_\_  
(Date)

If mailing – please mail to the address listed above, to the attention of: The Counseling Office.  
If using a fax machine – please fax back to (810)798-7011