

# Parkway North High School Consent Form

## **Student**

Last Name: \_\_\_\_\_

First name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Please send my confidential student records to the institutions I have requested.

Parent or 18 year old students: \_\_\_\_\_  
(Signature)

**PLEASE NOTE:** Parkway School District pays for 10 transcripts.  
After 10 there will be a \$3.00 per transcripts fee