

Release of Educational Records

Today's Date: _____ Year of Graduation: _____ Birth Date: _____

I, _____, authorize Colfax-Mingo Schools to release the following records:

Choose the record(s) you are requesting: Transcript ACT Scores Immunization

Place of Business Name: _____

Please choose at least one of the following venues to whom & where your requested records are to be sent

Fax # _____

Email Address: _____

Mailing Address, City, State, Zip: _____

To be picked up: _____ (Colfax-Mingo Centrl Office hours: 8am-4pm/ Mon-Fri)

I authorize Colfax-Mingo to respond to any requests for student educational documentation

Student Signature: (if 18 years or older) OR Parent/Guardian's Signature:

Return completed form to the Colfax-Mingo School Registrar using one of the following options:

Fax #: 515.674.3921

Email: bertdeaton@colfaxmingo.org

Mail: Attn: Registrar, 1000 N. Walnut St, Colfax, IA 50054

***Please allow 3 business days for processing**