

# 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: mdaft@colfaxmingo.org

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

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