



Authorization for Release of Records

(PLEASE PRINT)

I authorize the Douglas County West Community Schools, Valley/Waterloo, NE, to release a copy of my high school transcript (or other records as listed) to:

To assist in identifying my records, I have completed the following information:

Name _____ Date of Birth _____

Maiden Name (if applicable) _____

I last attended:

- DC West
- Valley
- Waterloo

Year of attendance:

- Graduating Class of _____
- Did Not Graduate
 - o Last year I attended was _____

Current Address _____

City _____ State/Zip _____

Phone Number(s) _____

E-mail Address (for confirmation) _____

Signature (required) _____ Date _____

Please send signed request to DC West Community Schools, Attn: Counseling Center, PO Box 378, Valley, NE 68064, fax to (402) 359-2893, or email to nbilledaux@dcwest.org

(For Office Use Only)

_____	_____
Date Sent or Released as Requested	Sent or Released by