



## 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:

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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  
    ○ 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 [agillespie@dcwest.org](mailto:agillespie@dcwest.org)

(For Office Use Only)

\_\_\_\_\_  
Date Sent or Released as Requested

\_\_\_\_\_  
Sent or Released by