

*Giles County Public Schools*  
151 School Road  
Pearisburg, VA 24134

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**CONSENT TO RELEASE INFORMATION FROM STUDENT RECORDS**

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Student Name: \_\_\_\_\_  
*(Student's Full Name at Time of Enrollment)*

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Last School Attended: \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
*Giles High / Narrows High / Other*

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

In signing this release, I give my permission for Giles County Schools to release any and all personally identifiable information from my records, cumulative and/or confidential, to the following named persons, institutions, or agencies. This disclosure is made upon the condition that the said persons will not disclose the information to any other party (except to their officers, employees, and agents pursuant to purposes for which the disclosure is made) without obtaining prior written consent.

(Please use separate forms for each person, institution, or agency. If this is to be released to student, please list as self.)

Release Records To:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Institution: \_\_\_\_\_  
*(College / University / Prospective Employer, etc)*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NOTE: There is a fee of \$2.00 per copy of complete transcript. This can be paid by check or money order made payable to *Giles County School Board*. If mailing request, please do not mail cash.

\_\_\_\_\_  
Signature of Giles County School  
Employee Taking Information

\_\_\_\_\_  
Date Request Completed  
Fee Paid: \_\_\_\_\_ Cash / Check / M.O.