



## Parental Consent for Release of Student Information

\_\_\_\_\_  
Previous School

\_\_\_\_\_  
Street Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip

By my signature I hereby grant permission for the release of the cumulative folder and/or transcript of \_\_\_\_\_, whom I certify to be my child or Legal ward. This student attended your school during the 20\_\_ - 20\_\_ school year and was in the \_\_\_\_\_ grade.

The records listed above are to be released to:

Hermiston Junior Academy  
1300 NW Academy Lane  
Hermiston, OR 97838  
Phone: 541-567-8523  
Fax: 541-564-0569

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_