GRADUATE RECORDS RELEASE FORM **Defiance City Schools**

Toda	ıv's]	Date	

You are hereby authorized to release the school records of:						
Students Full Name						
Students Full Name	First	Middle	Last			
Maiden Name if married	I					
Sirth Date/ Graduation Year						
XSign atoms to		elease of Record				
Please provide the name				ript sent:		
Contact Information	1					
Phone # ()		_				
Address:						
City	State		_ Zip	_		
Please return to:						
Defiance High School <i>Guidance Department</i> 1755 Palmer Drive		htt		119) 784-2777 119) 784-0318 ityschools.org/		

1755 Palmer Drive Defiance, Ohio 43512