



Lahser High School Athletics Transcript Approval School Year 2006 - 2007

Student Name _____ Year of Graduation _____

Sport _____ Coach Name _____

Sport _____ Coach Name _____

Sport _____ Coach Name _____

Please check all that apply:

- I give permission for the coach listed above to **retain a copy** of my child's transcript.
- I give permission for the coach listed above to **mail or fax** my child's transcript to interested scouts
- I give permission for the coach listed above to **mail or fax** my child's transcript for the purpose of awards or scholarships.

Parent's Name* (printed) _____ Date _____

Parent's Name* (Signed) _____

*Only the parent on record or legal guardian may release records. Students 18 or older may sign as parent.

**If you wish to get a copy of your child's transcript, please contact Deb Shoultz, Records Secretary at 248-341-5732. A copy of the transcript will be sent home with your child.