

## **Bellaire High School**

5100 Maple Street, Bellaire, Texas 77401 T: 713-295-3704 | F: 713-295-3763 | www.Bellaire.org Michael McDonough, Principal

## **Transcript Consent Form**

School Year: Today's Date: \_\_\_\_\_ Student Name: Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ The student is considered an adult student if the student was 18 years or older at the beginning of the most recent school year. He/She can give consent. Otherwise, the parent must give consent. I, \_\_\_\_\_\_\_, give my consent for Bellaire High School to (Adult Student) release my academic records to any college athletic recruiter and/or military recruiter who may ask for them. I, \_\_\_\_\_ give my consent for Bellaire High School to release the academic records to any college athletic recruiter and/or military recruiter who may ask for them. **Athletics Military** Please check the correct box: Parent/Guardian/Adult Student Name Parent/Guardian/Adult Student Signature (Print) (Signature)

Date:\_\_\_\_\_