



Harford County Public Schools

AUTHORIZATION TO RELEASE HIGH SCHOOL TRANSCRIPT (Former Student)

Demographic Information:

Name When Enrolled in HCPS: Last _____ First _____ MI _____

Current Name (if different): Last _____ First _____ MI _____

YOUR Current Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Birth: ___/___/___ Phone: _____

Email: _____

Your last HCPS School of Attendance: _____

Month/ Year of Graduation: _____ OR Year of Withdrawal: (non-graduate) _____

Where would you like your transcript sent? (Please use "special instructions" area for additional requests.)

Organization: _____ Attention: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

Email: _____

Please indicate special instructions:

As the individual about whom this information is being requested, I hereby authorize the Office of School Counseling of the Harford County Public Schools system to release information concerning my records. I understand that the recipient of the records(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

REQUIRED Signature: _____

Date: ___/___/___

Note: A third party may have requested your transcript be issued to them with the envelope seal unbroken. Opening the envelope will render the transcript invalid or unofficial. Please order two transcripts if you need a copy for personal use.

INSTRUCTIONS:

- 1. Print, complete, and SIGN this request form. Note: Typed signatures are not acceptable.
2. EMAIL or MAIL completed request to your high school.
3. Please allow 10 - 14 business days for processing.

SCHOOL ADDRESS	MAIN OFFICE	SCHOOL COUNSELING OFFICE PHONE & FAX NUMBERS
Aberdeen High 251 Paradise Road Aberdeen, MD 21001-2399	410-273-5500	410-273-5585 Fax – 410-273-5587
Alternative Education – CEO Swan Creek 253 Paradise Road Aberdeen, MD 21001-2492	410-273-5594	410-273-5594 Fax- 410-273-5592
Bel Air High 100 Heighe Street Bel Air, MD 21014-4196	410-638-4600	410-638-4606 Fax – 410-638-7953
C. Milton Wright High 1301 N. Fountain Green Rd Bel Air, MD 21015-2599	410-638-4110	410-638-4270 Fax – 410-638-4612
Edgewood High 2415 Willoughby Beach Road Edgewood, MD 21040-3496	410-612-1500	410-612-2071 Office Fax – 410-612-1585 Counseling Fax - 410-612-2062
Fallston High 2301 Carrs Mill Road Fallston, MD 21047-1899	410-638-4120	410-638-3542 Fax – 410-638-4125
Harford Technical High 200 Thomas Run Road Bel Air, MD 21015-1699	410-638-3804	410-638-3884 Fax – 410-638-3820
Havre de Grace High 700 Congress Avenue Havre de Grace MD 21078	410-939-6600	410-939-6603 Fax – 410-939-6667
Joppatowne High 555 Joppa Farm Road Joppa, MD 21085-4698	410-612-1510	410-612-1510 Fax - 410-612-1528
North Harford High 211 Pylesville Road Pylesville, MD 21132-1398	410-638-3650	410-638-3650 Fax – 410-638-3632
Patterson Mill Middle/High 85 Patterson Mill Road Bel Air, Maryland 21014	410-638-4640	410-638-4633 FAX- 410-638-4634

Note: If you wish to email your completed form, please contact the School Counseling office for the email address of the current administrative support technician.