



GRAYSON HIGH SCHOOL

Athletic Department

50 Hope Hollow Road
Loganville, Georgia 30052

770.554.7849

770.554.1089 (fax)

Football • CrossCountry • Cheer • Softball • Volleyball • Basketball • Swim & Dive • Wrestling • Baseball • Golf • Soccer • Tennis • Track • Lacrosse

TRANSCRIPT RELEASE FORM

This is to certify that _____ has given permission for his/her high school transcript, test scores and current schedule to be released to college recruiters for the purpose of determining academic readiness for admission to college. In signing this release, I also grant permission to fax/email these records to the college(s).

(Student Name)

Date _____ Grade _____

Student Signature _____

Parent Signature _____

Please sign and return to Brian DeBerry or Kathryn Langston in the Athletic Office.