



**THOMPSON**  
HIGH SCHOOL  
*1921 Warrior Pkwy*  
*Alabaster, AL 35007*

**Phone: 205-685-6740**

**Fax: 205-685-6741**

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

*I give permission for Thompson High School to furnish information from the school record of:*

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>(Maiden name if applicable)</b>
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**And send to:** \_\_\_\_\_  
(School, College, Employer, Personal Copy, Etc.)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip)

<b>I am currently:</b>			
<input type="checkbox"/> Enrolled in THS	<input type="checkbox"/> Graduated (yr) _____	<input type="checkbox"/> Drop Out (yr) _____	<input type="checkbox"/> Transfer (yr) _____

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please Include Phone number where you can be reached: ( \_\_\_\_\_ ) \_\_\_\_\_**

*Note: In addition to grades, all test results and immunization records are included in this release.*

Signed: \_\_\_\_\_  
Parent/Guardian or \*Student

Attached is \$3.00 _____	Attached is \$10.00 for Unlimited Transcripts _____
I previously paid the \$10.00 Unlimited Transcript fee _____	

**\*If a student is 18 years or older, he/she must give permission instead of parent/guardian.  
Sec. 513, Title V. Public Law 93-380.**