



Archer High School

Counseling Office
2255 New Hope Road
Lawrenceville, GA 30045
(678) 407-7709
(678) 407-7726 Fax

Transcript and Test Score Waiver Request Form

Student Name: _____ Grade: _____

Student I.D.# _____ Graduation Year: 20____

Sport(s): _____

I give permission for Archer High School to release copies of my official transcript, current class schedule, future class schedule and/or test scores to schools as needed for academic or athletic purposes.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____