



**FREMONT COMMUNITY SCHOOLS**  
1100 W. Toledo Street, P.O. Box 665  
Fremont, IN 46737  
(260) 495-5005

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## **TRANSCRIPT RELEASE FORM**

Name: \_\_\_\_\_

*Please print full name at the time of graduation (maiden)*

Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

**Please send a copy of my transcript to:**

\_\_\_\_\_  
*College or Place Receiving Transcript*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number or Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

*Please include release form, along with a valid photo ID to  
[ipatton@fremonteagles.us](mailto:ipatton@fremonteagles.us) or fax to 260-495-9798 attention: Jacqui Patton.*

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### **Office Use Only**

Mailed: \_\_\_\_\_ Faxed: \_\_\_\_\_  
Released to: \_\_\_\_\_ Date Completed: \_\_\_\_\_