Margaretta Alumni Association

PO Box 29
Castalia, Ohio 44824

PERMISSION TO RELEASE RECORDS

Please give your permission to release records to the Margaretta Alumni Association along with your proof of acceptance to the Guidance Office.

I _____verify that the information contained in this application is accurate. Furthermore, I give permission to the Margaretta High School Guidance Office to submit an official school transcript and my proof of acceptance to the Margaretta Alumni Association Scholarship Committee.

_____
Student Signature Date

_____
Parent Signature (if under the age of 18) Date