

Parent/Legal Guardian Release Form for Student Transcripts

As the parent or legal guardian, I agree to allow school transcripts for _____
(NAME OF STUDENT)

to be released to the Fauquier Hospital Auxiliary Scholarship Committee for consideration of a
healthcare scholarship.

(Signature)

Parent/Legal Guardian

(Date)

Please print and return to Director of Volunteer Services, 500 Hospital Drive, Warrenton, VA 20186.