



Alabama Grocers Education Foundation  
 Post Office Box 661106  
 Birmingham, AL 35266

# HIGH SCHOOL RECORD REQUEST FORM

1. Complete sections "1" and "2" of this form.
2. Mail or take this form to the High School Guidance Office of your graduating school.

**HIGH SCHOOL RECORDS ARE NEEDED FOR ALL APPLICANTS.**

1. MAIL OR TAKE TO: \_\_\_\_\_ High School Guidance Office

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. FROM:  
 Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year of high school graduation \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The student above is applying for a scholarship. Please:

1. Attach a copy of the student's records.  
 Transcript  
 ACT or SAT Scores
2. Fill boxes (on right) with requested information.
3. Sign certification statement below.

I certify that all of the information on this form is correct,  
 And the student's records are included.

\_\_\_\_\_  
 Counselor's Signature

\_\_\_\_\_  
 Date

Office Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mail this form & record by February 15, 2019 to:**  
**Alabama Grocers Education Foundation**  
**P.O. Box 661106**  
**Birmingham, AL 35266**

<b>GPA</b>	
<b>Class Rank</b>	
<b>Number in class</b>	
<b>ACT (Comp)</b>	
<b>SAT Critical Reading</b>	
<b>SAT Math</b>	
<b>SAT Writing</b>	