



Alabama Grocers Education Foundation
300 Vestavia Parkway, Ste. 3500
Birmingham, AL 35216

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, 2024 to:
Alabama Grocers Education Foundation
300 Vestavia Parkway, Ste. 3500
Birmingham, AL 35216

GPA	
Class Rank	
Number in class	
ACT (Comp)	
SAT Critical Reading	
SAT Math	
SAT Writing	