



__ Fall 20__
 __ Spring 20__
 __ Summer 20__

OFFICE OF THE REGISTRAR
 615 City Park Avenue
 New Orleans, LA 70119-4399
 (504) 671-5022 FAX (504) 483-4090
 www.dcc.edu

Authorization to Release Grades for Dual/Concurrent Enrolled Students

LAST NAME (STUDENT)	FIRST NAME	STUDENT IDENTIFICATION NUMBER
STUDENT'S HIGH SCHOOL		STUDENT'S COLLEGE

I hereby authorize the registrar's office at Delgado Community College to send an official copy of my grades and/or transcript to my high school by midterm and at the conclusion of the academic year. I understand that my high school counselor and/or principal require this official documentation of my college work in order to determine its applicability towards my high school graduation requirements. I understand that this authorization is good for one official copy of my grades and/or transcript each semester and that the grade report or transcript must be sent from Delgado Community College, **directly** to the high school. I further understand that any additional copies that I may want for my own personal use must be requested in person and be accompanied by a \$5.00 (*regular processing*) or \$10.00 (*same day processing*) payment.

DATE	STUDENT'S SIGNATURE
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Authorized Recipient:

HIGH SCHOOL	CITY, STATE, ZIP
LAST NAME FIRST NAME	TELEPHONE
TITLE	

Once completed and signed by the dual/concurrent enrollment student, mail this form to the above referenced school address.