



CAROL MARTIN GATTON
ACADEMY OF MATHEMATICS
AND SCIENCE IN KENTUCKY

Permission to Release Education Record Information

Requested by (Student):

Last Name	First Name
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WKU ID Number

Date

Released to (Recipient):

The Gatton Academy

WKU

1906 College Heights Blvd. #71031

Bowling Green, KY 42101

Parents of Student

Student's Sending High School

Education record information to be released:

Coursework, grades, transcripts, and other items related to study at the Gatton Academy

I give permission to release the specified information to the recipient listed above. I understand and agree that this Release will remain in force and effect until withdrawn or cancelled by me in writing, directed to the Gatton Academy.

Student Signature