



generations

CREDIT UNION

"Building Trust...Enriching Lives."

Parental Release:

I/We authorize the representative of _____ School to release the above information about my/our child/student listed above.

Date _____ Signed _____

Date _____ Signed _____

VERIFICATION OF STUDENT'S SATISFACTORY PERFORMANCE

Student Name _____

Grade Level _____ School Name _____

Authorizing Faculty Member _____
Printed Name

Position Title _____

By my signature below I attest that the student named above is performing satisfactorily in all of their classes at our school.

Date _____ Signed _____
Faculty Member

Date _____ Signed _____
Student