



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Greater Ridgecrest YMCA BTAG Program Authorization to Release Student Information

Student Name: _____ Date: _____

Grade: _____ High School Attending: _____

Username (R2.D.2) _____

Student ID# s. _____ DOB: ____/____/____

Address: _____ City/ Zip: _____

Phone # (Home) _____ Cell# _____

I request and authorize

_____ (Name of School)

To release the following records for the student names above to:
Brad Barnes (Executive Director)
1801 119th St N
Largo, FL 33778



This request and authorization applies to:

- _____ PSAT scores
- _____ GPA on report cards
- _____ EOC Exams
- _____ SAT/ACT scores
- _____ Credits – Subjects _____, _____, _____
- _____ Teacher reports
- _____ Florida State Assessment
- _____ Report Card
- _____ Cumulative GPA
- _____ PORTAL ID
- _____ Grad Point (Apex)
- _____ Scholarship & College applications writing

Student Signature _____ Date _____

Parent Signature _____ Date _____