

**Avon Community School Corporation  
Avon High School  
7575 E CR 150 S  
Avon IN 46123  
Ph. 317-544-5000 ext. 5020  
Fax 317-544-5016**



[AlumniRecords@avon-schools.org](mailto:AlumniRecords@avon-schools.org)

**\*\*If you are requesting your transcript, please visit  
<https://www.avon-schools.org/domain/4129>, click on "Records and Transcripts",  
and then click on the "Transcript" box for a direct link to Parchment.**

**Permission to release immunizations and/or birth certificates**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Maiden/Other name while enrolled at Avon HS:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Year of Graduation/Withdrawal:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

*Please sent the indicated documents to the follow address:*

Immunizations

Birth Certificate

Other non-transcript documents

from student folder (only items retained  
after 5 years from graduation/withdrawal  
are transcript, immunizations, and  
birth certificate)

Send to: \_\_\_\_\_

To the attention of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax number: \_\_\_\_\_

**In order to release your personal information, we are required to obtain written permission. By signing below, you hereby consent for Avon High School, located in Avon, Indiana, to release a copy of your records to the above mentioned recipient.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date