

You will only need to submit this form to the Counseling Secretary one time. You can add or delete schools even after you have submitted your request. Please see the counseling secretary to do so. No records will be sent without the completion of this form. Detach from packet and submit to Counseling Secretary with other required items.

# Student Transcript Request Form

**Allow 4 weeks for your transcript request to be processed.**

Name:	Last	First	Middle
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Address:
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Home Phone #:	Parent/Guardian Name:
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**\*\*SAT and ACT scores must be sent directly to colleges from College Board or ACT**

Public law 93-380 requires parent or guardian's signature (or student's if 18 years of age) before records can be released. We are not permitted to release any information without written authority.

I hereby authorize release of this information:

Parent/ Guardian Signature (REQUIRED)	Print Name	Date
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There is no fee for transcripts submitted electronically.

**\*For official/mailed transcripts: students are required to provide a stamped envelope. Most mailed transcripts require three, 1<sup>st</sup> class stamps.\***

**OFFICIAL TRANSCRIPTS TO COLLEGES MUST BE MAILED BY THE SCHOOL**

**Waiver of Right to Review Counselor Recommendation:**

I hereby waive my right to review the secondary school report and counselor recommendation.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Senior Bulletin Board Permission:**

I give permission for the Counseling Department to display my child's senior picture and the college they are attending on the Counseling Services bulletin board on Main Street.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_