

Transcript/Student Records Request Form

Student Name: _____ Date of Birth: ____/____/____

Phone: (____) _____ Counselor: _____

E-Mail Address: _____ Graduation Year: _____

Teachers Writing Your Letters of Recommendation: _____

College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other (List below)	City in which College is Located	Application Deadline Date	Early Decision (Y or N)	Are you using the Common Application (Y or N)	Do you need your transcript mailed? Write Y if your college has a stamp icon in Naviance:	Do you need a Counselor Letter of Recommendation (Y or N)	For Office Use Only
							Electronic Submission or Mailed Date
Date of Request:						Paid?	

Release of Student Records

The law requires that schools receive written permission signed by the parent/guardian before transcripts, including mid year reports and other student records can be released to a third party.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Signature of Parent/Guardian: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

Transcript Fee: \$4.00 per transcript should be paid at the time of request.
Please allow 20 school days for transcript requests.