



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	Application Deadline Type* (EA, ED, Priority, Regular, Rolling, etc.)	Are you using the Common Application (Y or N)	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.

*Consult your application or Naviance to confirm type and match to deadline date:
 EA= Early Action
 ED = Early Decision