TRANSCRIPT/STUDENT RECORDS REQUEST

Student Name: _____Date of Birth: _____

Phone: _____Counselor: _____

E-Mail Address: _____Graduation Year: _____

Teacher(s) Writing Your Letters of Recommendation: _____

College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other (List Below)	**City in which the College is located**	**Application Deadline Date**	**Application Deadline Type** (EA, ED, Regular, Rolling, Priority (see box below)	**What application are you using?** Common App, Coalition, Black Common App, QuestBridge, School's own application?	**Do you need a school counselor rec letter? (Y or N)**	**For OFFICE USE Only** Submission or Mailed Date
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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 student.*

Transcript fees: Current Students**: first 3 transcripts: no cost**; additional transcripts (4+): **$2 each**, payable at the time of request. Graduates: $5 per transcript

Signature of Parent/Guardian: _____Date: _____

Student Signature:_____Date: _____

ALLOW 20 SCHOOL DAYS TO PROCESS TRANSCRIPT REQUESTS

Deadline Type Description - Match Deadline Type to Deadline Date:

EA=Early Action (typically non-binding)

ED=Early Decision (typically binding)

Please return completed form to Vanessa_Hooks@hcpss.org