



TRANSCRIPT/STUDENT RECORDS REQUEST

Student Name: _____ Date of Birth: _____

Phone Number _____ 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 College is Located	Application Deadline Date	Application Deadline Type* (EA, ED, Priority, Regular, Rolling, etc.)	Are you using the Common App? (Y or N)	Are you using the Coalition App? (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: _____

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.

Signature of Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Fees: Current Students: first 3 transcripts: nocost; additional transcripts (4+): \$2 each, payable at the time of request.

*****HCPSS is not charging for transcripts during the COVID school closure*****

Please allow 20 school days to process transcript requests.

*Consult your application to confirm type and match to deadline date:
 EA=Early Action (usually non-binding)
 ED=Early Decision (usually binding)

Please return completed form to Vanessa_Hooks@hcpss.org