



Transcript Release Form

I give permission to _____ to release my high school transcript, as I direct, to the institution(s), agencies, and/or individuals that require them for the school year _____.
School

Please print all of the following information.

Full Name:

 Last First M.I.

 Date of Birth Parent Name

Last date of school attendance (Month/Year): _____

Graduation Year: _____

Evening School: Yes _____ No _____

Name on Transcript:

 Last First

 Street Address City State Zip

 Phone Number

 Student Signature Date

 Parent Signature (Required for students under age 18) Date

 Student Email Address

Date Official Copy Sent:
Date Unofficial Copy Sent:

OVER >

PLEASE SUPPLY THE ADDRESS/ES FOR WHERE THE TRANSCRIPTS ARE TO BE SENT:

NAME

ADDRESS

CITY/STATE/ZIP

NAME

ADDRESS

CITY/STATE/ZIP

NAME

ADDRESS

CITY/STATE/ZIP

NAME

ADDRESS

CITY/STATE/ZIP

NAME

ADDRESS

CITY/STATE/ZIP