

Date requested: \_\_\_\_\_

Date mailed: \_\_\_\_\_

**Request for Record Release**

Please send an official high school transcript to: \_\_\_\_\_

(Name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Please do NOT include ACT/SAT testing information

\_\_\_\_\_ Please do NOT list current grade point average

\_\_\_\_\_ Please do NOT include current class rank information

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(Required if a current student )

Transcript for:

\_\_\_\_\_ College Admissions

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Scholarship

(Fill out a Record Release Form for each college or place of employment to which you would like your transcript sent.)