

ROSARY HIGH SCHOOL
**Permission for Release of Information/
Transcript Request**

DEADLINE: _____
COLLEGE APP. _____
SCHOLARSHIP: _____

Student's Legal Name: _____

I give my consent to Rosary High School to release the information specified below to:

College/Scholarship Agency: _____

Address: _____

Please send (check ALL that apply):

_____ **Official Transcript (does NOT include standardized test scores)****

_____ **Counselor Letter of Recommendation:**

_____ **paper copy**

_____ **Common Application**

_____ **SendEdu**

_____ **Other electronic source**

_____ **Letters of Recommendation from (include names):**

Please check ONE of the following:

_____ **Completed Application is attached**

_____ **Application sent online (date: _____)**

_____ **Application mailed (date: _____)**

_____ **Other (specify: _____)**

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot be re-released to any other agency or person by the recipient without my written consent. I also understand that this consent will automatically expire one year from the date specified below.

Student Signature **Date**

Parent Signature **Date**

Counselor Signature **Date**

\$ _____
Fee Paid **Date**

*Your FIRST transcript request is free.

*Additional requests will be assessed a **\$5 fee**. Transcripts WILL NOT be processed without payment.

*Transcripts requested for scholarship applications are free of charge.