

## Transcript/Student Records Request Form

Student Name:	Date of Birth:/							
Phone: ()		C	Counselor:					
E-Mail Address:					Graduation Year:			
Teachers Writing Your Letters of R	ecommendatio	on:						
College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other (List below)	City in which College is Located	Application Deadline Date	Early Decision (Y or N)	Are you using the Common Application (Y or N)	Do you need your transcript mailed? Write Y if your college has a stamp icon in Naviance:	Do you need a Counselor Letter of Recommendation (Y or N)	For Office Use Only Electronic Submission or Mailed Date	
Date of Request:						Paid?		
Release of Student Records The law requires that schools receive and other student records can be re I give approval to have transcripts a request to do so is made by my son	leased to a thin nd other stude	rd party.		-				
Signature of Parent/Guardian:					Date	e://_		
Student Signature:					Date	:://_		

Transcript Fee: \$4.00 per transcript should be paid at the time of request.

Please allow 20 school days for transcript requests.