RECORDS REQUEST/RELEASE FORM

Name:	Parent/Guardian Signature (release of transcript)				
I have requested letters of recommendation from the following teachers:					

Date Of Request	Due Date Specify: EA/ED/R	College or University Name, City, and State	Common App? Y/N	Counselor Letter Required? Y/N	Recommendation Letters To Be Sent? List Names	Resume or Other Supporting Documents	Date Mailed (Office Use Only)