Transcript/Records Request/Release Form

(Please print clearly)

*There is a \$1.00 charge for <u>each</u> transcript for current student Students on Free or Reduced Lunch do not pay the fee *Transcripts will not be processed until payment is received* *Requests are processed in 3-5 days* Phone or email requests will not be accepted.

*In accordance with federal law, academic records are confidential and may be released only with the written consent of the student or parent/guardian if the student is under 18 years old.

| I authorize Elizabethtown High School to release m (check all that apply) | y transcript/records | for the following purpose | es: |
|--|----------------------|------------------------------|------------------|
| □ College Application | | | |
| Scholarship Application | | | |
| □ Athletic Purposes: (NCAA/NAIA Eligibility | , Center or prospect | ive coach) | |
| Other (please specify): | • • | • | |
| | | | |
| Information Needed: | | | |
| Official transcript (Sealed and Embossed)No | o. of Copies | | |
| *Official transcripts can only be mailed directly (Please check with Mrs. Franklin or your C | _ | | nip application) |
| □ <i>Unofficial</i> transcript (personal use only – Red X | n center) No. of Co | ppies | |
| | | | |
| I authorize release of my transcript/records to ☐ Any and All Colleges/Universities, Scholars (Please list on the back of this form) | | itutions I request | |
| □ Any and All Colleges/Universities, Scholars | | itutions I request | |
| Any and All Colleges/Universities, Scholars (Please list on the back of this form) | | itutions I request (Middle) | |
| □ Any and All Colleges/Universities, Scholars (Please list on the back of this form) Student Name: | hips, or other inst | | |
| □ Any and All Colleges/Universities, Scholars (Please list on the back of this form) Student Name: | hips, or other inst | (Middle) | |
| □ Any and All Colleges/Universities, Scholars (Please list on the back of this form) Student Name: | hips, or other inst | (Middle) Date | |
| Any and All Colleges/Universities, Scholars (Please list on the back of this form) Student Name: (Last) Signature of Student Signature of Parent/Guardian (if student is under 18) | hips, or other inst | (Middle) Date | |
| Any and All Colleges/Universities, Scholars (Please list on the back of this form) Student Name: (Last) Signature of Student Signature of Parent/Guardian (if student is under 18) OFFICIAL USE ONLY: Amount Paid | hips, or other inst | (Middle) Date | |

Please fill out information on back page.

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| Have you submitted your Application to the College/University? Yes No | | |
|---|--|--|
| Are you a free/reduced lunch student? Yes No | | |
| If yes, would you like your counselor to submit a request for waiver of your application fee? $\ \square$ Yes $\ \square$ No | | |
| Please check all items you wish to have the Guidance Office mail to the College/University (check all that apply – if box is not checked, item will not be sent) NOTE: All items checked below will be mailed for the \$1 fee. However, if you fail to check any of the boxes below, | | |
| and later request those items to be sent, there will be an additional \$1 fee per item) | | |
| Transcript Unofficial ACT Scores Request for Waiver of Application Fee Counselor Recommendation Letter | | |
| □ Counselor Verification Form | | |
| □ Scholarship Application (NOTE: We only mail Scholarship Applications if required by the College/University) | | |
| Please send the above checked information to: □ Elizabethtown Community & Technical College (ECTC) □ University of Kentucky □ University of Louisville □ Western Kentucky University □ Eastern Kentucky University □ Murray State University □ Morehead State University □ Campbellsville University □ Bellarmine University □ Lindsey Wilson College □ Georgetown College | | |
| □ Centre College | | |
| □ Northern Kentucky University | | |
| □ Other | | |
| | | |
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