



Transcript Request Form

Authorization for release of transcript of records

Student: _____ **Phone:** _____

Address: _____

Graduation Year: _____ **Social Security No.:** _____

I authorize the release of my Transcript of Records for college admissions and/or scholarship purposes.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(Required if student is less than 18 years of age)