

Student Record/ Transcript Release Request

Student Name: _____ Date: _____

Please print student name, including maiden name if applicable

I hereby authorize the release of my transcripts/academic records to the person or institution listed below. I understand that this may include achievement test scores or college entrance exam scores that are kept on file with the transcript.

Student Signature: _____

____ Current Student (Submission deadline: _____)

____ Graduate (Class of: _____)

____ Former Student (Dates of attendance: _____)

____ **Unofficial** Transcript ____ pickup by student/parent ____ mail to student/parent

____ fax to: _____

____ **Official** Transcript- All official transcripts will be sent under seal with appropriate signatures directly to the indicated institution.

Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Records sent by: _____ Date Sent: _____