

## **CURRENT STUDENT TRANSCRIPT RELEASE**

Students must submit a transcript release for each transcript sent to any school or agency. Parent permission is necessary for students under age 18.

TUDENT'S NAME:		
NAME OF SCHOOL OR AGENCY:		
	City	State
This transcript is for: (please check one)	scholarship (includ	on (answer questions below) le SAT's  or teacher rec's (list below)) (skip questions below)
Please answer the  1. Is this applica	following question	ns:
**		arly Action Regular Decision
Please complete the	following before su	bmitting this form to your counselor:
· —	mitted the application f	for this school?
3. Have you requ	uested teacher recomme Yes	endations through Naviance?
· _ ·		
	eachers recommending	you?
Who are the to	eachers recommending	
Who are the to		

## **COUNSELOR**

- $\Box$  Mrs. Walsh (day students A K, international students A P)
- $\Box$  Mr. Umphrey (day students L Z, international students Q Z)

## **TRANSCRIPT**

I request the John Bapst Counseling Office mail to the institution named at left an official copy of my transcript, containing a list of courses and grades.

Student Signature: \_\_\_\_\_

Required if student is under 18 years old