

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.

STUDENT'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	e following question	ns:
* *		arly Action Regular Decision
Please complete th	e following before su	bmitting this form to your counselor:
2. Have you su	bmitted the application f	for this school?
· _	quested teacher recomme	endations through Naviance?
XX71	teachers recommending	you?
w no are the		
1		

COUNSELOR

- \Box Day students A K, international students A P
- \Box 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: _____

Parent Signature: _____

Required if student is under 18 years old