

CURRENT STUDENT TRANSCRIPT RELEASE

STUDENT NAME:		
APPLICATION DEADLINE:		
NAME OF SCHOOL OR AGENCY TO RECEIVE TRANSCRIPT:		
ADDRESS:		
This transcript is for: □ College application (answer questions below)	City	State Zip
☐ Early Decision ☐ Early Action ☐ Regular Decision		
Have you submitted the application for this school? ☐ Yes	□ No	
Have you requested teacher recommendations through Naviance?	☐ Yes ☐ No	
Who are the teachers recommending you?		
1	_	
2	_	
3		
□ Scholarship		
□ Other:		
I request that my official transcript, including a list of courses and grades, be submitted t	o the institution or organizat	ion listed above.
Student Signatue:	Date:	