

College Application Transcript Request/Release

Date: _____

Student Name: _____ Class of: _____

List any colleges/schools or agencies to which you need transcripts sent. Please include the name and address of the school or agency.

	Name of School and Address	Date Requested	Date Sent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Student Signature: _____

Student SSN: _____

Parent Signature: _____

Counselor Signature: _____