

ACADEMIC TRANSCRIPT RELEASE FORM

Date: _____

Transcript released to: _____

Name of School

School Address

Please check _____ **Official Transcript** _____ **Student Copy**
_____ **Mid-Year Grades**
_____ **Final Grades**

STUDENT-PLEASE PRINT

Name: _____

Address: _____

Telephone Number: _____

If graduated, year of graduation _____

NOTE: Students should allow 5 school days for the processing of a transcript.

Student Signature: _____

----- **For Office**

Use Only

Date Received: _____ **Date**

Sent: _____