TRANSCRIPT RELEASE FORM

Print the following information:

Today's Date: _____/_____/_____ **Name of Counselor**: _____

Student Name: _____ **Student No**.:_____
Last Name First Name M.I.

DOB: _____/_____/_____ **Phone**: _ _ _ -_ _ _ -_ _ _ _ **Email**: _____

I authorize Laurel High School to send a transcript or any official information from the cumulative record to the college, university, or scholarship listed below. (If the student is 18 years old, only the student's signature is required.)

STUDENT'S SIGNATURE: _____DATE: _____/_____/_____

PARENT/GUARDIAN SIGNATURE: _____DATE: _____/_____/_____

Complete the first five columns. Please list the name and address (including zip code) of the institution to which you want your transcript sent. The first five transcripts will be provided free of charge. Additional transcripts will cost $3.00 each. The mid-year report and final transcript are sent for free upon request. All transcript fees must be paid before the transcripts will be sent. Please be sure to indicate what type of transcript you require (official or unofficial).

-1- Name of College, Scholarship, or Agency Complete Address	-2- College or Scholarship Deadline	-3- Date Application Submitted to College	-4- Secondary School Report Required Yes/No (Attach to Transcript Request)	-5- Type of Transcript Requested Official or Unofficial	-6- Date Mailed	-7- Transcript Secretary's Initials	-8- Fee Paid