

REQUEST FOR RELEASE OF TRANSCRIPT AND/OR RECOMMENDATION

Student Name

Grade

Home Address

Home Phone

1st Period Teacher/Graduation Date

Intended Major

Please read the following instructions *carefully*. These instructions are intended to *expedite* the *application process*. Failure to *follow instructions* may result in *delay* of the application process.

1. Recommendations: submit a copy of your resume and/or any pertinent information to your counselor. You must allow 10 working days for all college recommendation to be completed.
2. Transcripts: Please submit all request to the guidance secretary. At least three working days are required.

NAME OF COLLEGE, SCHOLARSHIP PROGRAM OR EMPLOYER	MAILING ADDRESS	INDICATES: TRANSCRIPT/ RECOMMENDATION	DATE SUBMITTED	DATE SENT/ INITIALS

STUDENT SIGNATURE

PARENT SIGNATURE