**Transcript Request Form EHS**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Please list below the college/university where you would like your transcript sent, and sign to authorize permission to release academic records. I have addresses for all colleges and universities on file, so you do not need to provide that information. I will mail your transcript within three schools days.

**Please be sure you have applied to the college/university BEFORE requesting your transcript be sent.**

|  |
| --- |
| College/University |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |
| **7.** |
| **8.** |
| **9.** |
| **10.** |

**Authorization to Release Academic Records:**

I hereby authorize Edgerton High School to send my transcript, which includes but is not limited to; name, address, grades, credits, GPA, class rank, attendance, and ACT/SAT scores, to the colleges or universities listed above.

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Student Signature Parent Signature Date