

GRHS TRANSCRIPT REQUEST FORM

Consent for Dissemination of Student Records to a Third Party

PLEASE ALLOW 15 SCHOOL DAYS TO GUARANTEE TIMELY PROCESSING

Name: _____ **Year of Graduation:** _____

Counselor: _____ **Email:** _____

(E-mail you check most often)

College / Organization: _____

Application Method:

☐ Common Application ☐ Individual College Website ☐ Other _____

Application Deadline:

☐ Early Decision, Deadline _____
☐ Early Action, Deadline _____
☐ Regular Decision, Deadline _____
☐ Rolling Admission: specify the date you plan to apply: _____

PLEASE CHECK ALL ITEMS YOU WOULD LIKE SENT BY GRHS GUIDANCE

☐ Official High School Transcript*

(Includes Name, Address, DOB, GPA, Courses/Final Grades)

If you are a senior applying to college, your quarter and mid-year grades will automatically be sent to the above named institution.

☐ Class Standing (Decile Rank)

☐ Counselor Recommendation

☐ IEP/504 (Please see your counselor)

By signing this Transcript Request Form, I understand that my quarter and mid-year grades will automatically be sent to the above named institution, unless a request not to send these grades is submitted in writing to my counselor.

By signing this Transcript Request Form, I give Gateway Regional High School permission to transmit the requested records and supporting documents indicated above to the college / scholarship program/organization.

Student Signature

Date

Parent Signature (If student under 18)

Date