

Transcript Release Form

Authorization of Release:

I hereby authorize Hustisford Jr./Sr. High School to release my transcript(s) along with my latest ACT score (if available) to the institution(s)/person(s) listed below.

I understand that it is still my responsibility to make sure that my college application is complete and that the transcript/ACT score was received by the school. This can be accomplished by checking my application status on line or by calling the admissions office directly for the school I am applying to.

Student: (print) _____

Student signature: _____

Date of request: _____ Graduation Year _____

Send my (check all that apply)

_____ Transcript

_____ Copy of ACT Score (not accepted by all Universities)

_____ Letters of Recommendation

Transcript/ACT request to be sent:
(Include complete name and address for all requests)

Please submit to School Counseling Office.

Counseling Office Use Only:

Date Transcript/ACT was sent: _____