

ST. CHARLES NORTH HIGH SCHOOL

Transcript Request



****There is a \$1.00 fee for all transcript requests.****

You must provide an addressed envelope with proper postage.

****Please allow the Guidance Department 10 school days for processing your application.****

To be sent:	
Now	_____
7th semester	_____
after graduation	_____

Student's Name:	_____	
Address	_____	

ID#	_____ Birthdate	_____
Graduation Year	_____	

Check one:
<input type="checkbox"/> Application Attached
<input type="checkbox"/> Application Sent On-line
<input type="checkbox"/> Application Previously Mailed
<input type="checkbox"/> No Application Required
<input type="checkbox"/> Other (Specify)

Send Transcript To
Name: _____
Address: _____

The purpose for this release of information: college _____ scholarship _____
moving _____ employer _____
other (specify) _____

Official Transcript will include grade information through most recently completed semester and will reflect student's current class schedule. School profile will be attached to transcript.

Official test results **must** be mailed directly from the test company. Forms are available in the Guidance office for this purpose.

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot again be given to any other agency or person by the recipient without my written consent. I also understand that the information released may only be used for the purpose itemized above.

Parent/Student Signature _____ Date _____

For Office Use Only

Counselor's Name _____
Counselor Received Date _____ Date Forwarded _____
Registrar Received Date _____ Date Mailed _____ Fee Paid _____