

Transcript Release Form

Fort Zumwalt South High School

Student Name: _____ Date: _____ Class of: _____

Transcript Request #1:

College or University name: _____

Did you apply using the
Common App or Sendedu

Yes ____ No ____

College admissions address: _____

Transcript Request #2:

College or University name: _____

Did you apply using the
Common App or Sendedu

Yes ____ No ____

College admissions address: _____

*Be sure to include any other required paperwork with this form when turning in to School Counseling Office (i.e. Counselor forms, etc.).

By signing below, I authorize release of my transcript and related information to the school(s) indicated above.

Student's Signature

Parent's Signature

(Required if student is under the age of 18)

For Office Use Only:

Date Request Received by School Counselor _____

Date Transcript(s) Sent and Placed in SIS _____