

Counselor's Name: _____

TRANSCRIPT RELEASE FORM

Student Name _____ ID # _____ HR # _____

*I give Bishop Watterson High School permission to release my son's/daughter's transcript to **any** institution requested through Family Connection. I understand that only my son or daughter can make transcript requests and that I can only view my son's or daughter's requests through Family Connection. I will monitor and/or edit my child's college selections, and view all application requirements and deadlines through Family Connection. Requests for transcripts through Family Connection are to be received by the counselor **two (2) weeks before the application deadline**. Your counselor is not responsible for meeting any deadlines with fewer than 10 working days' notice.*

*I understand that it is the student's responsibility to make sure all application materials are received by the college's application deadline. Application materials include, but are not limited to, completed application, ACT/SAT scores, transcript, and teacher recommendation(s), if necessary. **I understand that ACT and/or SAT scores must be sent directly from the testing agency to the college.** The student is responsible for accuracy, completeness, quality and submission of all application materials.*

- Athletes – I give Bishop Watterson High School permission to release my transcript to any coach asking and to send my transcript, after junior year, to NCAA.*

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

COUNSELOR USE ONLY

Special Instructions:

Date Counselor Received this Request: _____