Colerain High School

**Undergraduate**

REQUEST FOR TRANSCRIPT

Please check the process for which your transcript will be sent:

\_\_\_\_\_\_\_\_electronically (you provided counselor’s email address on application)

\_\_\_\_\_\_\_\_mail (transcript will be mailed to the colleges admissions office)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID:\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_**

**Date Transcript Needed to be Sent by Counselor:\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ALLOW 5 DAYS FOR YOUR REQUEST TO BE PROCESSED**

*Send Transcripts to:*

**Person or Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College or Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize the officials of Colerain High School to release a transcript of grades and other information contained in School Records necessary for application to college, employment, and/or security clearance.**

**SIGNAUTURE OF PARENT(If student is under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF STUDENT(If student is over 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**