



GlenOak High School Request for Records/ Transcripts Form

Consent For Records (Transcripts) Release Transcript Fee \$3.00

Student's Name _____ (at time of graduation)

Please print clearly

Date of Birth _____ **Phone Number** _____

Date of Graduation _____ **OR** **Date of Withdrawal** _____

Complete Sections 1, 2 & 3

1. I authorize GlenOak High School personnel to release my records and information to:

___ Specific College or Scholarship Agency and include complete address

Name of college or agency

Complete address (including zip code) of college or agency

OR

___ Mail it to my home address (listed below)

OR

___ I wish to take my transcript with me.

2. Specific data to be released (please check all items to be released).

___ Transcript of grades and any other information required for college applications
(SAT, ACT test scores, etc.)

___ Transcript only

___ Other information _____

3. Reason for this request: (please check one)

___ College Application/ Scholarship Application

___ Employment

___ Other

Signature Required

Date

*Parent/guardian signature is needed
if student is under the age of 18)*