

SIMSBURY HIGH SCHOOL SENIOR TRANSCRIPT RELEASE FORM

Name: _____ Counselor: _____

Please list ALL colleges to which you plan to apply; if you add additional schools, notify your school counselor. No applications can be processed without a Senior Transcript Release Form. The School Counseling Department requires 2 weeks to process applications. **The fee per transcript is \$3.00.**

	College/University Name	Deadline Date	Early Decision (Yes/No)	Early Action (Yes/No)	Common App (Yes/No)

Please indicate your recommenders in order of preference:

Primary Recommender: _____ Secondary Recommender: _____

I hereby authorize the SHS School Counseling Department to forward information from my cumulative record (e.g. transcript, recommendations, mid-year grades, etc.) to the institutions of higher learning, listed above. I understand that it is **my responsibility** to send standardized testing scores through CollegeBoard.org if required. First quarter grades are sent by request only.

This authorization is valid for the institutions listed above **as well as any additions made by the student** until graduation unless rescinded by a parent or legal guardian.

Parent or Guardian Signature

Date