

**TRANSCRIPT RELEASE FORM**  
**St. Dominic High School**

\_\_\_\_\_  
**PRINT Name of Student**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Year of Graduation**

I authorize by my signature the release of my transcript, test scores and related information to the school(s) indicated below.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature** (Not required if a consent form is on file. If consent form is not on file, and if student is under 18 years old, a parent signature is required.)

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Benedictine College              | <input type="checkbox"/> St. Charles Community College             |
| <input type="checkbox"/> Central Methodist University     | <input type="checkbox"/> Southwest Baptist University              |
| <input type="checkbox"/> Columbia College                 | <input type="checkbox"/> St. Louis College of Pharmacy             |
| <input type="checkbox"/> Dominican University (IL)        | <input type="checkbox"/> St. Louis University                      |
| <input type="checkbox"/> Drury University                 | <input type="checkbox"/> Southeast Missouri State University       |
| <input type="checkbox"/> Fontbonne University             | <input type="checkbox"/> Southern Illinois University Carbondale   |
| <input type="checkbox"/> Lindenwood University            | <input type="checkbox"/> Southern Illinois University Edwardsville |
| <input type="checkbox"/> Loyola University of Chicago     | <input type="checkbox"/> Truman State University                   |
| <input type="checkbox"/> Maryville University             | <input type="checkbox"/> University of Arkansas - Fayetteville     |
| <input type="checkbox"/> Missouri Baptist University      | <input type="checkbox"/> University of Central Missouri            |
| <input type="checkbox"/> Missouri Southern University     | <input type="checkbox"/> University of Kansas                      |
| <input type="checkbox"/> Missouri State University        | <input type="checkbox"/> University of Missouri (Columbia)         |
| <input type="checkbox"/> Missouri Univ. of Science & Tech | <input type="checkbox"/> University of Missouri (Kansas City)      |
| <input type="checkbox"/> Missouri Western University      | <input type="checkbox"/> University of Missouri (St. Louis)        |
| <input type="checkbox"/> Missouri Valley College          | <input type="checkbox"/> Washington University                     |
| <input type="checkbox"/> Northwest MO State University    | <input type="checkbox"/> Webster University                        |
| <input type="checkbox"/> Quincy University                | <input type="checkbox"/> (other) _____                             |
| <input type="checkbox"/> Rockhurst University             | <input type="checkbox"/> (other) _____                             |

If "other" please provide a name of the school and mailing address of where the transcript(s) should be sent:

College/University Name: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College/University Name: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Each student is responsible for mailing (or submitting online) his/her portion of a college application. A transcript mailed from the school will include an official (sealed) transcript with ACT scores. Note that any guidance or teacher recommendations must be mailed separately.**

**Are you applying:**  Online  Paper Application

**Is this a Common Application?**  Yes  No

\_\_\_\_\_  
*For Office Use*

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Processed

\_\_\_\_\_  
Date Sent