

HIGH SCHOOL TRANSCRIPT RELEASE FORM

I hereby give permission for Archbishop Hoban High School to release the official or unofficial high school records of (Please Print) _____, including grades, standardized test scores and current schedule, to any college, university, or organization for the purpose of an evaluation for acceptance and scholarships.

By signing below, I grant permission to release this information to any college, university, or organization requested.

Student Signature _____ Date _____

Parent Signature _____ Date _____

