

Transcript Release Form

Release of TRANSCRIPT * in accordance with Federal Law

Grants Pass High School - Counseling Center

830 N.E. Ninth Street - Grants Pass, OR 97526 - 541-474-5730 / FAX: 541-474-5717

Name _____
(Last) *while attending GPHS* (First) (M.I.)

Birthdate: _____ Graduation Date (month/year): _____ Student ID# _____

Please carefully complete the following request.

Unofficial Transcript – How Many? (___) Official Transcript – How Many? (___)

**Fee: You can receive up to 3 copies for a fee of \$5.00, cash, check or money order only.
There is no fee for currently enrolled students.**

I will pick up transcript(s) after school on _____.

Please allow the Counseling Center 48 hours (2 working days) advance notice.

For each transcript requested, please furnish the name of college/scholarship, employer/job, or personal use for which you need, in the space below:

(The Counseling Center keeps statistics for District records.)

Please mail transcripts to: **(Reminder...provide us with the COMPLETE address.)**

(Signature of parent/guardian, or student - if 18 years old.)

(Date)