

Mount Olive High School Guidance Department

TRANSCRIPT RELEASE FORM

PLEASE ALLOW TEN SCHOOL DAYS FOR PROCESSING



Student Name : _____ Graduation Year: _____

The student has added this college to their list of applied schools in Naviance _____, (Please Check)

College/University/Scholarship: _____

Street/PO Box: _____

City, State, Zip Code: _____

Application Deadline: _____

Please check each college/university website for their individual application requirements. If a teacher recommendation is required, they must be uploaded BEFORE this form can be submitted to Guidance.

No Recommendations Required

Teacher Recommendation Uploaded by _____

Teacher Initials

Common App Teacher Eval Form _____

Teacher's Name

Teacher Recommendation Uploaded by _____

Teacher Initials

Common App Teacher Eval Form _____

Teacher's Name

Counselor Recommendation - Please request recommendation before required.

Early Decision

Common Application

Early Action

College University/Application

Regular Decision

Student has Applied

Additional Documentation Required: _____

I authorize the school to send a copy of my complete transcript to the institution listed above. I understand this record may include all courses, mid-term grades, final grades and any information requested by the school's counseling center. I also understand that it takes approximately two weeks to completely process a transcript.

SIGNATURE

_____ Date _____

PARENTS SIGNATURE

(Required if student is under 18)

Received: _____ Transcript Uploaded: _____ Counselor Finalized: _____