

LAMPETER-STRASBURG HIGH SCHOOL
1600 BOOK ROAD, PO BOX 428
LAMPETER, PA 17537
PHONE: 717-464-3311 FAX: 717-509-0301

TRANSCRIPT RELEASE AUTHORIZATION

STUDENT NAME: _____ MAIDEN NAME: _____
YEAR OF GRADUATION: _____

WHERE SHOULD YOUR TRANSCRIPTS BE SENT: (Name of school/business/scholarship, etc. **ONLY** list 1 school per form. If you are applying via Common App, just list Common App below. Official transcripts may not be sent directly to students.)

APPLICATION DEADLINE IF APPLICABLE:

- POSTMARKED BY: _____
- RECEIVED BY: _____

**SIGNATURE OF PARENT/GUARDIAN
OR STUDENT IF 18 YEARS OLD OR OLDER**

ADDITIONAL ITEMS TO BE INCLUDED WITH TRANSCRIPT:

HOW YOUR TRANSCRIPT SHOULD BE SENT:

COMMON APP (Only 1 release needed for all schools in common app)

REGULAR MAIL: _____
MAILING ADDRESS

EMAIL

EMAIL ADDRESS to be sent to

HAND CARRIED (Signed, Sealed Envelope)

OTHER : _____

LETTER/S OF RECOMMENDATION:

REMOVE SAT SCORES FROM TRANSCRIPTS

*** PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DATE SENT: _____

MID YEAR GRADES SENT: _____

FINAL TRANSCRIPT SENT: _____

- TS SCHED PC LOR School Profile
- Emailed Mailed Uploaded Other _____