

REQUEST FOR OFFICIAL TRANSCRIPT

Springfield High School
5240 Hwy 76 - East
Springfield, TN 37172

FULL NAME _____
Last First Middle

I do hereby authorize you to release my records as an official transcript to:
(Do not ask school to send ACT scores if you had them sent by ACT)

(1) _____ Include ACT scores ____yes

(2) _____ Include ACT scores ____yes

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

(Required IF student is less than 18 years of age)

____ Parent Initial if your permission extends to all future transcript requests

REQUEST FOR OFFICIAL TRANSCRIPT

Springfield High School
5240 Hwy 76 - East
Springfield, TN 37172

FULL NAME _____
Last First Middle

I do hereby authorize you to release my records as an official transcript to:
(Do not ask school to send ACT scores if you had them sent by ACT)

(1) _____ Include ACT scores ____yes

(2) _____ Include ACT scores ____yes

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

(Required IF student is less than 18 years of age)

____ Parent Initial if your permission extends to all future transcript requests