

GVHS RECORDS REQUEST/RELEASE FORM

Student Name: _____

Grade: _____

Address: _____

Student Email: _____

Use this form if you are in:

Grades 9, 10, or 11 requesting an **OFFICIAL TRANSCRIPT, UNOFFICIAL TRANSCRIPT** and/or **COUNSELOR RECOMMENDATION**

Purpose of Request:

- Enrichment Program** (e.g. pre-college, summer program, PA Governor's School, etc.)
- Scholarship**
- Employment or Volunteer Reference**
- NCAA Eligibility Center** (student must also complete online transcript request at <http://eligibilitycenter.org>) NCAA Eligibility # _____
- Other**

Records Requested:

- Official Transcript** **Unofficial Transcript** **Counselor Recommendation***

* If a counselor recommendation is requested, make an appointment with your counselor. Counselor recommendations will only be sent directly to a third party recipient and not given to the student/parent.

Recipient: _____

Deadline: _____ **

Delivery Type:

Provided directly to student or parent (this applies to unofficial transcripts only)

Paper Mail (provide complete address): _____

Fax: _____

Email: _____

Web: _____

****The GVHS Counseling Office requires 15 SCHOOL DAYS to process all requests.**

I/We hereby authorize Great Valley High School to release my academic records and recommendations to the recipient listed above.

Parent Signature/Date

Parent Email Address

Student Signature/Date

FOR COUNSELING OFFICE USE ONLY: Date Records Sent: _____