

**CENTRAL YORK HIGH SCHOOL
601 MUNDIS MILL ROAD
YORK, PA 17406**

CONSENT TO RELEASE TRANSCRIPT

****Please complete this form one time only****

Student Name _____ Date of Birth _____

Address _____

Parent/Guardian _____

I give my permission to the School Counseling Office to release my child's high school transcript to any college or scholarship agencies requested by my son/daughter or his/her parent/guardian. The transcript includes final grades from classes beginning in ninth grade, cumulative weighted grade point average, class rank, and results from standardized college entrance examinations. These may include scores from the Scholastic Aptitude Test (SAT) and the American College Test (ACT) as reported to us by the testing agencies.

I understand that the transcript is only official if it is sent **directly** from the School Counseling Office to the admissions office of the requested college or the scholarship agency. The School Counseling Office requires ten (10) school days to process transcript requests.

SCORE OPTIONS:

_____ I wish my child's transcript to include scores from the SAT and/or ACT. I will assume responsibility for forwarding these scores to the School Counseling Office. I understand that this decision cannot be reversed without counselor and/or administrative approval.

_____ I do **not** desire my child's SAT and/or ACT scores to be included on the transcript. Please withhold these scores. I understand that this decision cannot be reversed without counselor and/or administrative approval.

Parent/Guardian Signature

Relation to Student

Date