

**Upper St. Clair High School
Consent for Electronic Transcript**

Student Name: _____ Year of Graduation: _____

I authorize the Upper St. Clair High School Counseling Office to send a transcript of my high school record to include the following information: grades, and weighted and unweighted cumulative average to any and all colleges/universities to which I apply.

Parent signature
(Required if the student is under age 18)

Student Signature
(Required if the student is age 18 or older)

Counseling Office: Initial: _____

Date Received: _____