



FERNDALE HIGH SCHOOL
Internal TRANSCRIPTS
FOR COLLEGE APPLICATIONS/SCHOLARSHIPS

COUNSELING OFFICE
P.O. Box 428
FERNDALE, WA 98248
FAX: (360) 383-9642

CONSENT FOR EXCHANGE OF INFORMATION RE:

Name _____

Birth date _____ Grade _____

Contact (your phone/e-mail) _____

I authorize Ferndale High School to **release** the information checked below to:

1) College name: _____ mail email**

Admission Email: _____

2) College name: _____ mail email**

Admission Email: _____

3) College name: _____ mail email**

Admission Email: _____

4) College name: _____ mail email**

Admission Email: _____

I understand that electronic transfer of confidential information cannot be guaranteed as a secure transfer and emailed transcripts are unofficial. I choose to authorize an **electronic transfer or **email attachment** to the colleges listed above at the email I've provided

- Transcript
- Transcript w/SAT/ACT if available
- Current Schedule

It is understood that I have access to this information. It is also understood that this information will be kept entirely confidential and only released as specified above as a one time event. Further information requests must have another signed release form.

Student signature

Date