

**Southington High School
School Counseling Department**

RELEASE OF TRANSCRIPT

This form **MUST** be completed once and on file for the Counseling Department to be able to send out any school records.
By signing this form, you are giving Southington High School permission to release your transcript- which includes final grades and credits earned to date, class rank and grade point average.

NOTE Midyear grades will only be sent upon your request.

I hereby authorize the School Counseling Department of Southington High School to release my high school transcript to any educational institution that I request through Maia Learning.

Student Name

Student's Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Name _____

IMPORTANT Processing your transcript may take up to 3 weeks. This form must be turned in a minimum of 3 weeks prior to your college deadline. **IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT THE COLLEGE HAS RECEIVED ALL MATERIALS BY THE DUE DATE.**

Office Use: Date Received

_____ (initial) _____ (date)