Current Student

OFFICIAL TRANSCRIPT RELEASE FORM

Name:_____ **YOG:**_____

Purpose of Requesting Transcript:

☐**Scholarship** ☐**Internship**

☐**Summer Camp** ☐**Other:**_____
(Please describe)

Number of Copies Requested: _____

Office Use Only

_____
Date Received

_____
Date Sent

I authorize Belmont High School to release my high school transcript to the parties listed below.

☐ I will pick up my transcript(s) at Belmont High School.

☐ Please email my transcript to the email address(es) listed below.

_____

_____

_____

☐ Please mail my transcript to the address(es) listed below.

ATTN:_____ ATTN:_____
Street:_____ Street:_____
Unit #:_____ Unit #:_____
City, ST, Zip:_____ City, ST, Zip:_____

ATTN:_____ ATTN:_____
Street:_____ Street:_____
Unit #:_____ Unit #:_____
City, ST, Zip:_____ City, ST, Zip:_____

*_____ _____
Student Signature (if 18 or older) **Date**

*_____ _____
Parent Signature **Date**

Please Note: There is a $10 processing fee for sending 3 or more transcripts.