Former Student

OFFICIAL TRANSCRIPT RELEASE FORM

Name:_____ **YOG:**_____

Number of Copies Requested: _____

☐ I will pick up my transcript at Belmont High.

☐ Please mail my transcript to my home address listed below.

Street:_____

Unit #:_____

City, Town:_____

State, Zip:_____

Office Use Only

_____
Date Received

_____
Date Sent

☐ Please mail my transcript to the school(s) listed below.

College Name (please print clearly)	**Application Deadline**

I authorize Belmont High School to release my high school transcript to the schools listed above.

*_____ _____

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

*_____ _____

Parent Signature **Date**

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