

**Independent School District 196
High School Transcript Release form**

Student's Name _____ Date of Birth _____

Student's ID Number _____ Date Requested _____

For each application listed below, mark one "X" for each indicating if the paper application is attached (including application fee) or if you applied online and you have attached the counselor form.

	Paper application attached	Applied Online w/ counselor form attached	School/Agency	City/State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Below, please select the standardized test results to be released. An X in front of "Send all test scores" would release all existing ACT and/or SAT test scores. If only specified scores are to be released, please note the test and date of test. If no specific directions are given, all test scores will be sent.

_____ Send all test scores

_____ Send only specified test scores that are indicated below:

Test	Test date
_____ ACT	_____
_____ SAT	_____
_____ SAT Subject Test	_____

I grant Rosemount High School permission to release my official transcript and standardized test results to the above schools and/or agencies.

Student signature _____ Date _____

Parent signature _____ Date _____
(If student is under 18 years of age)

Transcript fee (\$5.00 per transcript) \$ _____
Total Amount

Date sent by guidance office _____
(Office use only)

IMPORTANT: Please submit transcript release requests at least one week prior to the established deadline to allow for processing and mailing of transcripts and all other supporting documents such as application and recommendation, etc.
aw/Transcript/Release