

THE COMPASS SCHOOL Transcript Release and Request Form

Request for permission to release permanent school records to a third party

In reference to the school records of:

Name: _____ Date of Graduation: _____

Date of Birth: _____ Social Security Number: _____

Advisor: _____

DATE OF REQUEST TO START TRANSCRIPT PACKAGE: _____

(Please allow 3 weeks before any due dates- please note dates below for each institution)

Each student will receive 5 free transcript packages. Additional requests need to be accompanied by \$3.00/per request.

Teacher recommendations from _____ and _____

My son/daughter is not 18 years of age, therefore I give permission to the Compass School to forward his/her transcripts to schools or scholarships indicated below (or specifically requested in writing at a later date.)

Student Signature (If 18 yrs old) _____

Or

Signature of Parent/Guardian _____

Students: Please fill in the names of schools, their due dates and indicate whether you would like us to NOT include your SAT scores on your transcript.

(students fill out)

(this part for office use only)

Name of College/Scholarship	Date due	SAT?	Early dec/action?	Ready	Sent Mid-yr	Sent Final	\$
							free
							free
							free
							free
							free
							\$3
							\$3
							\$3