## **Transcript Release Form**

In accordance with Federal Privacy Rights of parents and students, the following signed consent is necessary in order for Oxford Area School District to release student information. The undersigned hereby consents to the release of all education records about the student, (identifying data, birth date, academic work completed, level of achievement, grades, standardized scores and attendance data); recommendations, and such other information as may be requested.

I \_\_\_\_\_\_ (Parent or Guardian) authorize the high school counselors to release information regarding

Student name	birth date	Yr. of Grad.
Name of College you'd like your transcript sent to	Applied by Common App?	Or, directly to institution?

All schools MUST be listed in your Naviance account for transcripts to be processed. If you applied via Common App, you must match your account in Naviance. Documents are submitted once for all Common App schools, but not delivered until the student submits the application.

## All transcripts will be sent by Naviance unless otherwise requested. Please note any changes on the back of this form.

Parent Signature	arent Signature (if student is under 18 years old)		Date	
Student Signature			Date	
Phone number wher	e you can be reached			
	l transcript requests must t least 2 weeks before th		•	
NOTE: SAT scores an transcript. Please hav College Board.	e NOT included on your e them sent through	For office use onl Date Rec'd: Date Sent: Counselor Initials	·	

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If you are requesting your transcript for a specific program or a scholarship, please complete the below information.

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Institution or Scholarship Program Name Institution or Scholarship Street Address		Institution or Scholarship Program Name Institution or Scholarship Street Address			
					City
Or:			Or:		
Email address		Email address			
NOTES TO COUNSELOR:		NOTES TO COUNSELOR:			