

TRANSCRIPT REQUEST FORM



Hershey Christian High School TRANSCRIPT REQUEST FORM

Please fill out a transcript request for each college application you are submitting.

NAME _____

TRANSCRIPT TO BE SENT TO: _____

APPLICATION DEADLINE: _____

RECOMMENDATIONS:

TEACHER'S NAME: _____

ADMINISTRATION RECOMMENDATION: _____

Please allow 2 weeks processing time. Transcripts will include subjects, grades, credits, rank, GPA, and SAT or ACT scores.

RELEASE BY WAIVER
(PUPIL RECORD INFORMATION)
PLEASE READ CAREFULLY

DATE: _____

When you complete this form you have approved the following actions.

Granted permission to the Hershey Christian School to gather confidential reference data for the purpose of release to prospective employers, higher education institutions, scholarship committees, financial aid and honorary recognition agencies.

Waived your right to access the confidential information received by the school.

Authorized the release of this information to prospective employers, higher education institutions, scholarship committees, financial aid and honorary recognition agencies. If you want to limit access to a particular source, you shall state those limitations on a separate sheet of paper and check the appropriate reply below.

Comment attached _____ YES _____ NO

Authorizing signature of student _____

Authorizing signature of parent _____

Signature of Hershey Christian School witness _____

GUIDANCE USE ONLY

DATE RECEIVED _____ BY: _____

DATE MAILED _____ BY: _____