

**TRANSCRIPT RELEASE FORM
CLIFTON HIGH SCHOOL**

Name: _____ Counselor _____

Date: _____ I.D.# _____

Planned College Major _____

Please forward my transcript to:

Name of College/University/Other _____ _____
Address _____ _____
City, State, Zip Code _____ _____

Application Completed

Online
Paper Application
Common Application

On: _____
(date)

Check one: Early Decision Early Action Regular Decision

Check the following items that are to be sent with your transcript:

Activities sheet

Student essay

Teacher Recommendation 1. _____ 2. _____
(names of teachers)

Counselor Recommendation

Secondary School Report to be completed by counselor

*****Important**

Before you hand in this Transcript Release Form, check that you have:

- Attached a #10 business envelope (9.5" x 4") addressed to the college/university to which you are applying.
- DO NOT write your return address on the envelope.

Allow at least 10 school days for processing.

****I understand that if college admission test scores (SAT or ACT) are required it is my responsibility to have them sent directly from the testing agency.**

Student signature _____ Date _____

Parent signature _____ Date _____
(if student is below 18 years of age)

Office Use Only Date received _____ Date mailed _____
