

Transcript Release Consent Form - Class of 2025

Date Received: _____

Student Name: _____

Counselor: _____

This form must be submitted to your counselor at least **3 weeks before your first deadline.**

Permission to Release Student Transcript to Colleges/Universities

This form authorizes Scituate High School to send transcript and senior mid-year grades to all institutions listed in the **SCOIR** student account and final transcript to matriculating institution in June, 2025.

Would you like your class rank included on your transcript? Yes, send class rank (top 20) No, do not send class rank

Please list the teacher who will be writing a recommendation letter for you: (1) _____

Transcripts & recommendations will only be sent to those colleges that you have entered through SCOIR. In order to request transcripts, colleges must be moved to "Applied" column in SCOIR.

COLLEGE NAME <i>Please use additional form if necessary.</i>	APP TYPE: (EA/ED, RD, Rolling)	DATE APP DEADLINE	COMMON APP SCHOOL	Have you entered into Common App	Have you entered into SCOIR	<i>Do NOT Send First Quarter Grades</i>
			Yes/No			
			Yes/No			
			Yes/No			
			Yes/No			
			Yes/No			
			Yes/No			

I (student or parent/caregiver if under 18) hereby authorize SHS personnel to release my student records and other information needed to provide a recommendation or to respond to any inquiries made about me from a college, university or employer. I understand my student records may contain disciplinary reports.

Parent/Caregiver Signature or student (if over 18yrs)

Date: _____

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