

ALUMNI

REQUEST FOR RELEASE OF TRANSCRIPT

INSTRUCTIONS: *Please read before submitting form.*

1. PRINT YOUR **FULL NAME AS IT WAS WHEN YOU GRADUATED**. (Family name or Maiden name while attending high school.)
2. PLEASE ENTER YOUR YEAR OF GRADUATION.
3. PROVIDE THE COMPLETE ADDRESS WHERE YOU WOULD LIKE YOUR TRANSCRIPT MAILED. INCLUDE A CONTACT NAME IF YOU HAVE IT.
 When you are applying to a college/university the *Official Transcript must be mailed* from Scituate High School directly to the college or university.
4. PLEASE BE SURE TO SIGN THIS REQUEST FORM. WE CANNOT RELEASE YOUR TRANSCRIPT WITHOUT YOUR SIGNATURE ON FILE.
5. RETURN COMPLETED FORM TO SCITUATE HIGH SCHOOL, 606 CJ CUSHING HWY, SCITUATE, MA 02066
 ATTN: *TRANSCRIPT REQUEST* or scan and email to verifications@scit.org.
 NOTE: It will take five to seven business days to process after receipt of request in this office.

NAME: _____ **YEAR OF GRADUATION:** _____

LAST
FIRST
M.I.

I request that my records be transmitted as indicated below: _____ **email address:** _____

Student Signature
confirmation will be sent to your email

I 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.

<u>College/University/Company Name</u>	<u>Complete Address (including zip code)</u>	<u>Special Instructions</u> (# of copies, fax number, etc.)
1.		
2.		
3.		