



School Counseling Department
184 Hancock Road · Peterborough, NH 03458
Tel: 603-924-4120 Fax: 603-924-2325

Post-Graduate Transcript Release Form

This form should be completely filled out for request to have the School Counseling Office release a transcript.
The form should be completed 2 to 3 weeks prior to the earliest deadline on the list and sent to:

Fax: 603-924-2325
email: bliitts@conval.edu
ConVal Guidance Department, 184 Hancock Rd., Peterborough, NH 03458.

Name of Student _____ Name at Graduation: _____

Address _____ Phone # _____

Date of Birth: _____ Year of Graduation: _____

Colleges/Technical Schools/Certificate Programs to which you are applying:

Note: It is very important that you supply complete and accurate information –
the dates and addresses you supply will be used in the application process.

Please send my transcript(s) to the following:

Table with 3 columns: Name of School/College/Other, Mailing Address, Deadline. Contains 4 empty rows for data entry.

By my signature below, I am granting permission for ConVal High School to release transcripts and other pertinent information regarding the above name student to the schools listed above as part of my college application.

Signature of Student

Date

Signature of Parent (for student under 18)