



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

Transcript Release Form – Current Seniors

This form should be completely filled out any time when students would like to have the School Counseling Office release a transcript on-line or in hard copy. The form should be completed 2 to 3 weeks prior to the earliest deadline on the list.

Name of Student _____ Counselor _____

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:

Name of School/College/Other	Mailing Address	Deadline	<input checked="" type="checkbox"/> Common Application or other on-line app	<input checked="" type="checkbox"/> COUNSELOR – send w/o letter date/initials

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)