

CONTOOCCOOK VALLEY REGIONAL HIGH SCHOOL

School Counseling Department

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POST-GRADUATE  
TRANSCRIPT RELEASE FORM

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Name at Graduation \_\_\_\_\_

Note: It is very important that you supply complete and accurate information about the universities, colleges, technical schools, or certification programs to which you are applying. The names, addresses, and dates you supply will be used in the application process.

This form needs to be turned in at least 3 weeks prior to the earliest deadline on the list below.

Name of University/College/other	Mailing Address	Deadline
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (for students under 18)