

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

School Counseling Department

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TRANSCRIPT RELEASE FORM
CURRENT STUDENTS

Name of Student _____ Date of Birth _____

Year of Graduation _____ Counselor _____

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.

Table with 5 columns: Name of University/College/other, Mailing Address, Deadline, Common Application, Counselor Initials. It contains 6 rows for listing institutions.

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)