ROSARY HIGH SCHOOL
Permission for Release of Information/Transcript Request

DEADLINE:_____
COLLEGE APP._____
SCHOLARSHIP:_____

Student's Legal Name: _____

I give my consent to Rosary High School to release the information specified below to:

College/Scholarship Agency: _____

Address:_____

_____

_____

_____

Please send (check *ALL* that apply):
_____ Official Transcript (does NOT include test scores)**
_____ Counselor Letter of Recommendation
_____ Letters of Recommendation from: _____

_____

Please check *ONE* of the following:
_____ Completed Application is attached
_____ Application sent online (date sent: _____)
_____ Application mailed (date sent: _____)
_____ No application required
_____ Other (please specify: _____)

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot be re-released to any other agency or person by the recipient without my written consent. I also understand that this consent will automatically expire one year from the date specified below.

_____ _____
Student Signature **Date** **Parent Signature** **Date**

_____ **$**_____
Counselor Signature **Date** **Fee Paid**** **Date**

****Please Note:*** No fee will be assessed for your *FIRST* transcript request. Additional requests will be assessed a **$5.00 fee. Please attach your fee to this request.** Transcripts WILL NOT be processed until fees have been paid. Transcripts requested for scholarship applications are free of charge.