

Calvert County Public Schools  
**High School Transcript / Consent for Record Release**

Student Name: \_\_\_\_\_ Student Id #: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please note: You must request Official SAT/ACT scores to be sent directly from the College Board or ACT.**

**\*\*\*Please print this transcript request form, have it signed by a guardian, and return it in person to your school counselor at least 10 school days before the university admission's deadline you are trying to meet\*\*\***

• **Name of College(s) that you will be applying to via the Common Application:**

<u>Name of college:</u>	<u>Application Deadline:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

• **Name of College(s) that you will be applying to via Coalition:**

<u>Name of college:</u>	<u>Application Deadline:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

• **College(s) that you are applying to not using the Common Application or Coalition:**

\*\*\*Please make sure that the information provided below is complete and accurate.

1. **Name of College/University:** \_\_\_\_\_  
Application Deadline: \_\_\_\_\_  
How does the institution want to receive the transcript? (email, mail, fax, etc?) \_\_\_\_\_  
Provide the email, fax, or mailing address where the transcript should be sent: \_\_\_\_\_

**Additional items to be sent with transcript: Please check all that apply:**

- Secondary School Report  
**\*Some schools require this form. Student is responsible for providing this form to the counselor.**
- Counselor Letter of Recommendation
- Teacher Letter of Rec/ Name of Teacher(s) : \_\_\_\_\_  
**\*Student is responsible for submitting completed teacher letters to counselor.**
- Other: \_\_\_\_\_

2. **Name of College/University:** \_\_\_\_\_  
Application Deadline: \_\_\_\_\_  
How does the institution want to receive the transcript? (email, mail, fax, etc?) \_\_\_\_\_  
Provide the email, fax, or mailing address where the transcript should be sent: \_\_\_\_\_

**Additional items to be sent with transcript: Please check all that apply:**

- Secondary School Report  
**\*Some schools require this form. Student is responsible for providing this form to the counselor.**
- Counselor Letter of Recommendation
- Teacher Letter of Rec/ Name of Teacher(s) : \_\_\_\_\_  
**\*Student is responsible for submitting completed teacher letters to counselor.**
- Other: \_\_\_\_\_

3. **Name of College/University:** \_\_\_\_\_  
Application Deadline: \_\_\_\_\_  
How does the institution want to receive the transcript? (email, mail, fax, etc?) \_\_\_\_\_  
Provide the email, fax, or mailing address where the transcript should be sent: \_\_\_\_\_

**Additional items to be sent with transcript: Please check all that apply:**

- Secondary School Report  
**\*Some schools require this form. Student is responsible for providing this form to the counselor.**
- Counselor Letter of Recommendation
- Teacher Letter of Rec/ Name of Teacher(s) : \_\_\_\_\_  
**\*Student is responsible for submitting completed teacher letters to counselor.**
- Other: \_\_\_\_\_

4. **Name of College/University:** \_\_\_\_\_  
Application Deadline: \_\_\_\_\_  
How does the institution want to receive the transcript? (email, mail, fax, etc?) \_\_\_\_\_  
Provide the email, fax, or mailing address where the transcript should be sent: \_\_\_\_\_

**Additional items to be sent with transcript: Please check all that apply:**

- Secondary School Report  
**\*Some schools require this form. Student is responsible for providing this form to the counselor.**
- Counselor Letter of Recommendation
- Teacher Letter of Rec/ Name of Teacher(s) : \_\_\_\_\_  
**\*Student is responsible for submitting completed teacher letters to counselor.**
- Other: \_\_\_\_\_

**Release of Student Records**

The law requires that schools receive written permission signed by the parent/guardian before transcripts and other student records can be released to a third party. Please submit original signatures and not a faxed copy.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Signature of Parent/Legal guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Student signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**If this form is not submitted in the above-mentioned time frame the processing of your transcripts/recommendation letter will be delayed and the college(s) may not receive them by the application deadline.**