

TRANSCRIPT / INFORMATION RELEASE FORM
GREENDALE HIGH SCHOOL

NAME: _____ **DATE:** _____
(Print) (Last) (First)

YEAR OF GRADUATION: _____ **DATE OF BIRTH:** _____

Indicate information to be released: (check any/all that apply)

- _____ Official Transcript (Includes GPA. Rank is also included for students that graduated 2009 and earlier).
- _____ Unofficial Transcript (Includes GPA. Rank is also included for students that graduated 2009 and earlier).
- _____ ACT Results (_____ Month/Year Test Taken)
- _____ SAT Results (_____ Month/Year Test Taken)

Please check any of the following that apply:

- _____ Application was completed via the internet
- _____ Application fee was paid online
- _____ Check is attached to pay the application fee

Send all requested information to (include name and address of school, scholarship or agency):

Parent/Guardian Signature (Required if Student isn't 18 or older)

Student Signature

Your signature(s) authorizes Greendale High School to release your transcript information to the above named agency.