PINE-RICHLAND HIGH SCHOOL

SCHOOL COUNSELING DEPARTMENT TRANSCRIPT RELEASE FORM

Student Name___________________________________________________________

Parent/Guardian Name____________________________________________________

School Counselor: (please circle)

<table>
<thead>
<tr>
<th>Mrs. Holliday X1657</th>
<th>Mrs. Bowers X1652</th>
<th>Mrs. Filipowski X1653</th>
<th>Mrs. Straub X1655</th>
<th>Mr. McCartan X1674</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students: A through E</td>
<td>Students: E through K</td>
<td>Students: L through Q</td>
<td>Students: R through Z</td>
<td>Transition Counselor</td>
</tr>
</tbody>
</table>

Student

☐ I have reviewed a copy of my unofficial transcript and there are no errors.

☐ Prospective Athletes: I have reviewed the NCAA Division 1 and 2 academic requirements and how they relate to my transcript and potential eligibility.

☐ I waive my rights to review all recommendations and supporting documents submitted by me or on my behalf.

Student Signature:________________________________________________ Date:________________

Parent/Guardian

☐ I give my permission for my child’s official transcript to be sent to all post-secondary institutions, scholarship entities, athletic divisions to which they apply using the Naviance Electronic Document System or through another method of transmission as indicated by the student. (i.e. email or in a sealed envelope).

Parent/Guardian Signature:______________________________________Date:___________________