

PINE-RICHLAND HIGH SCHOOL



SCHOOL COUNSELING DEPARTMENT TRANSCRIPT RELEASE FORM

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Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

School Counselor: (please circle)

Mrs. Holliday X1657	Mrs. Bowers X1652	Mrs. Filipowski X1653	Mrs. Straub X1655	Mr. McCartan X1674
Students: A through E	Students: E through K	Students: L through Q	Students: R through Z	Transition Counselor

**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: \_\_\_\_\_

