

STUDENT TRANSCRIPT RELEASE FORM

Fox Chapel Area High School - Guidance Department
611 Field Club Road Pittsburgh, PA 15238

(Please Print NEATLY)

Student's Name _____ Grade **OR** Graduated (year) _____

Student's Email Address *(for guidance counselor use)* _____

I hereby authorize the Fox Chapel Area School District to release the following *(please check all that apply)*:

_____ Transcript	_____ Resume	_____ Recommendation	
_____ SAT scores **	_____ All	_____ or None	_____ Initial Here
_____ ACT scores **	_____ All	_____ or None	_____ Initial Here

**** We cannot accommodate the score report option. As a result we only have the ability to send either ALL or NONE of your scores.****

_____ Secondary School Report or any required form that must be completed by the counselor (Attach any forms that have not been directly emailed to your Guidance Counselor)

Please list the schools and place a checkmark where applicable for each school on the following table:

Name of Institution	Date you applied or will apply	Admission Deadline	Common Application(used or plan to use) You must "invite" your counselor	Recommendation Letter from your Guidance Counselor	Secondary School Report or any required form that your counselor must complete(Indicate whether it has been emailed or is attached to this form)

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Parent's signature only required once a year for students under 18 years of age)