

CASSVILLE HIGH SCHOOL TRANSCRIPT RELEASE



NAME _____
(FIRST) (MIDDLE) (LAST) (MAIDEN)

GRADUATION YEAR: _____ DROP YEAR: _____

CONTACT #: _____ DATE OF BIRTH: _____

RELEASE TRANSCRIPT TO COLLEGES/UNIVERSITIES/SCHOLARSHIPS LISTED BELOW:

1. _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)

2. _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)

SIGNATURE: _____
(IF UNDER 18 PARENT OR LEGAL GUARDIAN SIGNATURE REQUIRED)

THE FOLLOWING SECTION TO BE FILLED OUT BY SCHOOL OFFICIAL

DATE RECEIVED: _____ DATE SENT: _____

SIGNATURE OF SCHOOL OFFICIAL: _____