



Calvert County Public Schools

High School Transcript / Consent for Record Release

Student Name: _____ Student Id #: _____ Date: _____

Student Cell: _____

Email Address: _____

Please note: You must request Official SAT/ACT scores to be sent directly from the College Board or ACT.

*****This form must complete, signed by a guardian, and submitted to your assigned school counselor at least 10 school days prior to application deadline*****

I am requesting my transcript be released to support my application to:

Military ☐

Trade/Union: ☐

Scholarship ☐

College/University: ☐

For Common App, Black Common App, and other application/portal, please be sure to enter the correct counselor's name and email address to ensure access.

<i>Organization Name</i>	<i>Deadline</i>	<i>Common App</i>	<i>Black Common App</i>	<i>Other (Complete 2nd page of form)</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is a 2-sided form, please complete the entire form

Other (i.e. not Common Application or other platforms):

Please make sure that the information provided below is complete and accurate.

1. **Organization Name:** _____
Contact Person (if applicable): _____
Method: Email ☐, Mail ☐ Fax ☐ Other ☐ _____
Delivery instructions (i.e. email address, mailing address): _____

Additional items to be sent with transcript: Please check all that apply:

- ☐ Secondary School Report (student must provide)
☐ Counselor Letter of Recommendation
☐ Graduation Verification Letter (Military, Union, Job)
☐ Other: _____

2. **Organization Name:** _____
Contact Person (if applicable): _____
Method: Email ☐, Mail ☐ Fax ☐ Other ☐ _____
Delivery instructions (i.e. email address, mailing address): _____

Additional items to be sent with transcript: Please check all that apply:

- ☐ Secondary School Report (student must provide)
☐ Counselor Letter of Recommendation
☐ Graduation Verification Letter (Military, Union, Job)
☐ Other: _____

3. **Organization Name:** _____
Contact Person (if applicable): _____
Method: Email ☐, Mail ☐ Fax ☐ Other ☐ _____
Delivery instructions (i.e. email address, mailing address): _____

Additional items to be sent with transcript: Please check all that apply:

- ☐ Secondary School Report (student must provide)
☐ Counselor Letter of Recommendation
☐ Graduation Verification Letter (Military, Union, Job)
☐ Other: _____

Release of Student Records

The law requires that schools receive written permission signed by the parent/guardian before transcripts and other student records can be released to a third party. Please submit original signatures and not a faxed copy.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Signature of Parent/Legal guardian: _____

Date: ____/____/____

Student signature: _____

Date: ____/____/____

If this form is not submitted in the above-mentioned time frame the processing of your transcripts/recommendation letter will be delayed and the college(s) may not receive them by the application deadline.