TRANSCRIPT RELEASE AUTHORIZATION

Riverside Brookfield High School

Currently Enrolled Students

NAME: _____ **DATE:** _____
FIRST **MI** **LAST**

BIRTHDATE: _____

COUNSELOR: _____ **CLASS OF:** _____

Since college admission test scores are not included on my transcript, I understand it is my responsibility to submit these directly.

I also understand that I must allow at least ten (10) school days for an official transcript to be processed.

I authorize Riverside Brookfield High School to forward my official

TRANSCRIPTS TO: _____

CITY/STATE/ZIP: _____

Deadline Due: _____

STUDENT'S SIGNATURE: _____

PARENT/GUARDIAN'S SIGNATURE: _____
(If student is under 18)

PLEASE CHECK:

_____ I have completed the student portion of the paper application and **attached** it to this authorization.

OR

_____ I have completed and **sent** the student portion of the application: Please circle one—(online or paper)

_____ I have **attached** the counselor portion of this application to this authorization.

_____ I have attached $ _____ for the application fee.

OR

_____ I have paid the application fee online.

OR

Common App._____ _____ There is no application fee.

_____ Although I must still submit official scores; I request my highest ACT/SAT scores be indicated on the secondary school report if applicable.

THIS SECTION TO BE COMPLETED BY RBHS:

To be completed by counselor:

Date received from student: _____

_____ Early Decision

_____ Early Action

_____ Priority Filing

Letters of Recommendation: (Circle one for each)

Counselor: Electronically or Mail Initial: _____

Teacher: Electronically or Mail Initial: _____

Date to Registrar: _____ OK to Go _____

To be completed by registrar and counselor:

Date returned to counselor: _____

Date returned to registrar: _____

6th Semester eDocs/Mailed: _____

7th Semester eDocs/Mailed: _____

Final Transcript eDocs/Mailed: _____