

KEYSTONE HIGH SCHOOL
TRANSCRIPT/RECORDS RELEASE FORM

I hereby grant permission for release of the following records which concerns the Academic standing of:

Name of individual – please print

Please check all to be enclosed:

- TRANSCRIPT
- ACT/SAT
- COUNSELORS PAGE
- # OF LETTERS OF RECOMMENDATION
- APPLICATION & FEE
- # OF ESSAY(S)
- OTHER _____

_____ Name of institution to receive transcript	
_____ Address of institution to receive transcript	
_____ Date	_____ Signature (Parent/guardian must sign if under 18)
_____ Date of Graduation	College Application done On-Line <input type="checkbox"/> YES <input type="checkbox"/> NO

Office Use Only

Date Sent: _____ Initials: _____