



# Transcript Request Form

**TO BE COMPLETED AND SIGNED BY THE STUDENT AND PARENT/GUARDIAN  
AND GIVEN TO SCORE ACADEMY ADMINISTRATION**

STUDENT INFORMATION:		
Name	DOB	
Address		
City	State	Zip
<b>I AUTHORIZE THE RELEASE OF MY ACADEMIC RECORDS TO THE PERSON(S) OR INSTITUTIONS NAMED BELOW (CHECK ALL THAT APPLY):</b>		
<input type="checkbox"/> The Common Application		
<input type="checkbox"/> The Coalition Application		
<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip
<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip

*(Additional space for more individual schools, organizations or colleges on reverse, if needed)*

AGREED AND ACCEPTED BY:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Date)



**Additional Space (If needed):**

<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip
<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip
<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip
<input type="checkbox"/> Individual, School, Organization, or College		
Name of Individual, School, Organization, or College	Phone (   )	Email
Street Address 1		
Street Address 2		
City	State	Zip

Student's Signature

(Date)

Parent's Signature

(Date)