

Counselor _____

Eastern Camden County Regional School District
GUIDANCE SERVICES-TRANSCRIPT RELEASE

Student: _____ ID#: _____
Date of Birth: _____ Telephone: _____
College/Outside Agency: _____
Specific campus(s) if any: _____
Address: _____
APPLICATION DEADLINE: _____

- ✓ PLEASE ALLOW TWO WEEKS FOR PROCESSING AND DELIVERY OF YOUR TRANSCRIPT.
- ✓ STUDENTS ARE RESPONSIBLE FOR SENDING SAT/ACT SCORES TO COLLEGES.
- ✓ STUDENTS MUST FOLLOW UP WITH COLLEGES TO MAKE SURE APPLICATION IS COMPLETE.

Purpose:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> College | <input type="checkbox"/> Other School | <input type="checkbox"/> Current Grades |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Prospective Employer | <input type="checkbox"/> Military |
| <input type="checkbox"/> Other _____ | | |

Complete if submitting a college application. Please check all that apply.

Application Type

- Regular
- Early Decision (Binding)
- Early Action/Priority
- Rolling

Delivery System

- Common App
- Online (Non Common App)
- Paper-please provide 3 stamps
and a 9x12 envelope
- Coalition App

PLEASE CHECK BOX AND SIGN BELOW

I am aware that in order to insure timely delivery of my transcript, that I will be completing my application to this college within 60 days of submitting this form to guidance. If I do not do so, the guidance office cannot be held responsible for the delivery of electronic transcripts due to the system voiding the documents.

Parent or Adult Pupil (Age @ 18)

I have read the above statements. I hereby authorize the release of a copy of my official transcript.

DATE REC'D:	DATE SENT:
<i>For Office Use Only</i>	