

# CENTREVILLE HIGH SCHOOL TRANSCRIPT REQUEST/RELEASE FORM

CEEB Code: 470549

**For Office Use Only**

Date Received: \_\_\_\_\_

Date to Counselor: \_\_\_\_\_

Date Counselor Sent: \_\_\_\_\_

\_\_\_\_\_  
*Student's name (Last, First, Middle)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Counselor Name*

\_\_\_\_\_  
*Student's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Phone #*

\_\_\_\_\_  
*Student E-mail address*

**The first three college transcripts are free.** For every transcript after three, there is a \$5 charge per transcript payable in advance. Transcripts will NOT be sent until the fee is paid. In May on the Senior Survey you will indicate where we are to send your final transcript (no charge). Transcripts must be requested at least TEN SCHOOL DAYS before the due date to allow necessary processing time. Transcript requests for January 1 deadlines MUST BE RECEIVED BY THE END OF THE FIRST WEEK IN DECEMBER.

Graduates of Centreville High School: There is a \$5.00 charge per transcript      Graduation Year: \_\_\_\_\_

*Important: It is the student's responsibility to have all test scores sent directly from the testing program to each college, university or scholarship program. Centreville does not send test scores as part of the transcript packet.*

College Name and Address (City, State ONLY)	Date Due at College	Early Action, Early Decision, Regular or Rolling Admission (Select One)	Counselor Recommendation Yes/No
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your signature authorizes the counselor to submit a secondary school report and/or letter of recommendation.