



JAMES MADISON HIGH SCHOOL AUTHORIZATION FOR RELEASE OF TRANSCRIPT

Student Name: _____

College/University: _____

Address:

Parent Signature: _____
(Student signature if 18 years of age)

IMPORTANT INFORMATION:

1. A minimum of 15 school days required before application deadline. **There is an additional \$5.00 late fee charged to all transcripts not meeting this deadline!**
2. The first three Transcripts sent free.
3. Additional Transcript Fee \$5.00

NOTE: We **DO NOT** mail college test scores; students are responsible for having official test scores sent directly from the College Board of ACT

Transcript requests received 48 hours or less from the college's deadline are NOT guaranteed to be sent by the deadline.



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For Office Use Only:

Date Received:

Date to Counselor:

Date Counselor sent:

Year of Graduation _____

Application Deadline: _____

Early Decision _____ Early Action _____

Counselor: _____

Counselor Recommendation: YES* NO
(Circle One)

***If yes, student and parent self-evaluation must have been completed and submitted to counselor.**

I waive my right to view the Secondary School Report/Counselor Recommendation.

Yes No*
(Circle One)
*colleges will be notified

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