

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 12 school days required before application deadline
2. Three Transcripts sent free
3. Additional Transcript Fee \$5.00

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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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