

**ROBINSON SECONDARY SCHOOL
AUTHORIZATION FOR RELEASE OF
TRANSCRIPT**

For Office Use Only:
Date Received:
Date to Counselor:
Date Counselor Sent:

Student Name: _____

Application Deadline: _____

College/University _____

Early Decision Early Action

College Address: _____

Counselor: _____

Counselor Recommendation: YES NO
(Circle One)

Signature: _____

Important Information

(If not 18, Parents Signature)

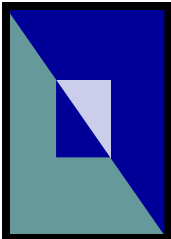
1. A minimum of 20 work days required before application deadline

Reminder: Reporting test scores is the students' responsibility.

2. Three Transcripts sent free

3. Additional Transcript Fee \$5.00

COUNSELOR APPROVAL:



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COUNSELOR APPROVAL:

fcps

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

PLEASE
PLACE
STAMP
HERE

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

fcps

Primary Business Address
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Your Address Line 3
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Mailing Address Line 4
Mailing Address Line 5