

**EVERETT AREA MIDDLE SCHOOL/HIGH SCHOOL
GUIDANCE DEPARTMENT
Transcript Release Consent Form**

Please allow at least 7 working days for processing.

Date _____

Complete Name (include maiden name) _____

Year of Graduation _____ **OR** Last Date of Attendance _____

Date of Birth _____

Phone Number _____

Please check the box that indicates where you are requesting your transcript to be sent.

College(s) to receive transcript

Address of College(s) _____

Please check the following that apply:

- I have already sent my application. Please send my transcript only.
- At his time, I am submitting a complete application packet (application, application fee, and all essays and letters of recommendation, if applicable. Please send my transcript with this application.
- I do NOT wish for my/my child's PSSA results to be released on my transcript.

Employer

Address of Employer _____

Military

Address of Military _____

Scholarship

Address of Scholarship Foundation _____

Other

I authorize the Guidance Department of Everett Area High School to release a copy of my/my child's school transcript.

Print Name _____ **Signature** _____

Please sign and return to this address or fax number:

Everett Area Middle School/High School Guidance Office
Attn: Mrs. Paula Barkman, Guidance Office Administrative Assistant
1 Renaissance Circle
Everett, PA 15537
Phone: 814-652-9114 Ext.1020
Fax: 814-652-3930