

Pickerington High School Central

Transcript Request Form

THIS REQUEST MUST BE MADE 10 SCHOOL DAYS BEFORE THE DEADLINE

Name: _____ Grade: _____

E-mail Address: _____

Cell Phone Number: _____ Today's Date: _____

***YOU MUST HAVE PARENT/GUARDIAN SIGNATURE BEFORE WE CAN PROCESS YOUR REQUEST**

The purpose of this Transcript Release is for me to:

- Apply to college or pursue higher education
- Apply for a scholarship
- Enlist in the armed forces
- Obtain employment
- Athletic Eligibility Centers (NCAA, NAIA, NJCAA)
- Other (please specify) _____
- Mid-Year Report/7th sem transcript

Have you added this college to your Naviance College List? Yes No

Have you applied to this college via the Common Application? Yes No

If so, have you matched your Common Application with your Naviance account? Yes No

NOTE: We cannot process your application/transcript until you have added the college to your Naviance College List, completed your Common Application (if applicable), and matched your Common Application (if applicable) in your Naviance Account.

When did you complete and submit your college application? Date _____

Permission is hereby granted for the release of a transcript of high school grades. It is to be sent to the following address:

Name of College/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian
Signature _____ Date _____

Student's Signature: _____ Date: _____