

Pickerington High School Central
Transcript Request Form

*****A Parent/Guardian Signature is REQUIRED for processing your request***
****This request MUST be made 10 SCHOOL DAYS before the DEADLINE******

Student's Name: _____ Grade: _____

E-mail Address: _____

Cell Phone Number: _____ Today's Date: _____

Counselors 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: _____

- Yes No I have added this college or scholarship to my Naviance College or scholarship list.
- Yes No I have applied to this college via the Common Application.
- If Yes:*
- Yes No I have matched my Common Application with my Naviance account.

The purpose of this Transcript Release is for me to:

- Apply for college or pursue higher education
- Apply for a scholarship
- Enlist in the Armed Forces
- Obtain Employment
- Apply to Athletic Eligibility centers (NCAA, NAIA, NJCAA)
- Mid-Year Report/7th Semester transcript
- Other (please specify): _____

Name Of College/Organization: _____

For Scholarships Only, Address to send to: _____

Permission is hereby granted for the release of a transcript of high school grades. It is to be sent to the College/Organization listed above.

Under 18 Parent/Guardian Signature: _____ Date: _____

- I verify that I am 18 years old a do not need a parent/guardian signature

Student Signature: _____

Office use only: _____

Counselor Use only: _____

