

TRANSCRIPT RELEASE FORM

PLEASE ALLOW 3-5 SCHOOL DAYS TO PROCESS THIS REQUEST BY THE GUIDANCE DEPT.

- Official transcripts will only be mailed, not given to student.
- Please do not turn in this form until all materials are complete and ready to be mailed.
- Fill out one transcript for each requesting school.
- Requests will be processed in the order they are received. Please allow 3-5 school days to process

Name _____ ID # _____

MAIL TRANSCRIPT TO: Check only 1.

- | | | |
|--|--|--|
| <input type="checkbox"/> BOWLING GREEN | <input type="checkbox"/> NORTHERN KENT UNIV. | <input type="checkbox"/> CINCINNATI STATE |
| <input type="checkbox"/> OHIO UNIVERSITY | <input type="checkbox"/> MIAMI UNIVERSITY | <input type="checkbox"/> MIAMI UNIV-HAMILTON |
| <input type="checkbox"/> UNIV. OF CINCINNATI | <input type="checkbox"/> UC – BLUE ASH | <input type="checkbox"/> WRIGHT STATE UNIV |
| <input type="checkbox"/> XAVIER UNIVERSITY | <input type="checkbox"/> MOUNT SAINT JOSEPH | |

OTHER: Indicate the name & address of the college/business the transcript is to be sent:

How did you complete your Application?: College Website Common Application

PLEASE CHECK ALL THAT NEED TO BE SENT BY MRS. WIEDMEYER:

- | | | |
|--|--|---|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Fee Waiver Form
(Based on financial hardship) | <input type="checkbox"/> Mailed Application |
| <input type="checkbox"/> ACT/SAT Score | <input type="checkbox"/> Personal Essay/Resume | <input type="checkbox"/> Counselor Rec. Form/Letter |
| <input type="checkbox"/> Teacher Recommendation Letter | | |

I hereby grant permission for St. Bernard to release my official transcript to the above named college/address.

Signature

Date