

Benedictine High School

TRANSCRIPT RELEASE FORM

Student's Name _____ Student's DOB: _____

Last name

First name

PARENT AUTHORIZATION:

This authorizes the Benedictine High School Counseling Office to prepare and process all transcripts that are requested for submission with college applications and/or scholarship applications, and verifies that I have read the student responsibilities below.

(Parent Signature)

(Date)

ATHLETES: This authorizes the Benedictine High School Counseling Office to process transcripts and test scores that are requested by college/university coaches and by the student for NCAA Clearinghouse.

(Parent Signature)

(Date)

ALL STUDENTS: Please read and sign below.

Test Scores

I understand that it is my responsibility as a student to arrange for my ACT and/or SAT scores to be sent from the testing companies directly to all colleges to which I am applying.

Student Athletes

*I understand that to be considered to participate in Division I or II or NAIA college athletics, I must go onto the www.eligibilitycenter.org or www.playnaia.org after my **junior** year to complete the on-line registration/payment. After completing the online registration through the Eligibility Center, I will then submit a request to BHS Counseling Office to send my transcript to the NCAA Clearinghouse through Naviance.*

(Student Signature)

(Date)

STUDENTS MUST RETURN THIS SIGNED FORM TO THE COUNSELING OFFICE

*Please note that NO college applications will be processed unless this form is filed in the Counseling Office.