OFFICE USE ONLY
Rec'd _____
Counselor Report _____
Activity Log _____
Date to Counselor _____
Mailed _____
Paid _____

EACH REQUEST MUST BE ACCOMPANIED BY A STAMPED, ADDRESSED ENVELOPE.
Attach the prepared envelope(s) to this form and return to the School Counseling Secretary.

The first 3 transcripts requested are FREE, there is a $2.00 fee for each additional transcript.

FRANKLIN HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Date _____

In accordance with the stipulations of the Family Educational Rights and Privacy Act of 1974, it is necessary that you, as a parent, give the school written authorization to release your child's records.

STUDENT INFORMATION

Name _____ Birthdate _____
First Maiden/Middle Last

Address _____
Street City State Zip Code

Home Telephone _____

Year of Graduation _____

Parent's Signature _____

If the student is age 18 or older, his/her signature is legally acceptable in place of the parent's signature.

Student's Signature (if 18 years of age) _____

RECORD(S) TO BE RELEASED TO THE FOLLOWING:

_____
Name of College/University Address

_____
Name of College/University Address

_____
Name of College/University Address

(Use reverse side for additional recipients)