



General McLane High School
Official Transcript Release Form

Please allow a minimum of 10 school days for processing.

Name _____ Date _____ Graduation Year _____

Please list your intended major _____

Dates that you took SAT/ACT _____

Would you like your test scores sent? YES NO (please circle one)

Please fill out this form to release information related to your academic record. Incomplete forms will be returned to the student.

Please place a check mark in front of all applicable statements granting permission.

____ **Common App:** I grant permission for the GM Guidance Department to process all transcript requests submitted via Common App as requested through Naviance. I understand that I will submit my application and requests for letters of recommendation through my Common App Account. I will only submit transcript requests through Naviance.

____ **Naviance:** I grant permission for the GM Guidance Department to process all transcript requests submitted via Naviance.

____ **NCAA:** I grant permission for the GM Guidance Department to release my transcripts to the NCAA.

____ **Scholarship Request**

____ **Personal Use**

Parent / Guardian Signature: _____ Date of Request _____
(Parent Signature required if student is under the age of 18)

Student Signature: _____ Date of Request _____

COUNSELING OFFICE USE ONLY:		Date Received _____	Initial _____
Incomplete _____	Returned to Student _____	Received/Corrected _____	
Date mailed _____	Emailed _____	Faxed _____	Given to Student _____
Naviance Authorized _____		Transcripts Uploaded _____	