

Mayfield High School Transcript Request Form

Name _____ Student ID# _____

*In accordance with the Family Education Rights & Privacy Act of 1974,
I authorize the release of school records of the above named student.*

List colleges/universities below. Please indicate any Common App Schools by placing them in the Common App Box.

(Non Common App)

LIST RECEIVING SCHOOLS

For Office use Only

Date Rec'd

Date Sent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Common App Schools Only --List Below	Date Rec'd	Date Sent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Give this form to Ms. Valentino, the School Counseling secretary, when you have it completed. ****

Date

Parent's Signature (if student is under 18)

Student Signature (if student is 18)

