

_____ APPLICATION MAILED
_____ APPLICATION DEADLINE:

_____ APPLIED ONLINE
_____ COMMON APP. SCHOOL
(Requires submission of SCHOOL REPORT)

**GOVERNOR MIFFLIN HIGH SCHOOL
10 SOUTH WAVERLY STREET
SHILLINGTON, PA 19607**

TRANSCRIPT RELEASE FORM

Legislation requires a written release on the part of a Governor Mifflin student or parent before school records may be released by any agency. If a student is under 18 years of age, the student's parent must sign the release. If the student has reached 18 years of age, or is married at any age, the student may approve the request. In either case, it will be the student's responsibility to initiate this procedure. Upon receipt of this approval form, we will promptly forward the information requested. ***We will not release any school records without proper written consent.***

There is a \$1 processing fee for each transcript requested; use a separate form for each request.

I hereby authorize Governor Mifflin School District to forward my school records to:

Name of College or Employer: _____

College/Employer Address: _____

Student Name: _____

Phone Number: _____
(only needed for graduates)

Student's Date of Birth: _____ Graduation Year: _____

Student Signature: _____

NOTE: If you are under 18 years of age and unmarried, your parents must also sign the release.

Parent Name: _____

Parent Signature: _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Date Received:

Date Prepared:

Fee Received:

Date Mailed: