Middle Township High School Guidance Office

TRANSCRIPT RELEASE FORM - CURRENT STUDENT

FOR OFFICE USE ONLY
Date Received

*** Transcript Release Requests must be received by Guidance at least 10 school days prior to the application due date.***

Student Name:	Date Submitted to Office:					
Please send my transcript to (include colleg	e name, city and sta	te):				
College Name, City and State (use an additional form for more than five schools)		Application Deadline	Early Decision?	Early Action? (*\mu\) if yes)	Regular Decision (if yes)	Application Method (Indicate Common Application or Coalition Application or Direct to Institution)
Letter(s) of recommendation from Teacher Teacher Name (list only teachers who have	**	ne of teacher ar		-		en go to Recommenders & FERPA) tters sent to)
verbally agreed to write a letter for you)	Send to Conege(s).	•				
Secondary recommendations are attack on a note which colleges you would like it s		es, bosses, com	munity me	mbers, me	ntors, etc.,	if applicable). Please indicate
By signing below, I affirm that I have submitted release my transcript to the school.	d application materio	als to the schoo	l listed abor	ve, and I au	thorize the	MTHS Guidance Department to
Parent signature (if under 18 years of age):		Stude	nt Signature	e:		Date: