

Date Requested/Received: _____

Fallston High School Transcript Request Form - **CURRENT STUDENTS**

The following information is necessary to complete this request. Please allow 3-5 school days for processing.

Student ID	Last Name	First Name	Date of Birth
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Please send my transcript to the following:

1.
Please check the appropriate blank below regarding how transcript is to be sent: Naviance ___ Coalition ___ Send Edu ___ Common App. ___ I will pick up the transcript Other Electronic ___ (List email address or instructions above) Mail transcript to above name & address _____
2.
Please check the appropriate blank below regarding how transcript is to be sent: Naviance ___ Coalition ___ Send Edu ___ Common App. ___ I will pick up the transcript Other Electronic ___ (List email address or instructions above) Mail transcript to above name & address _
3.
Please check the appropriate blank below regarding how transcript is to be sent: Naviance ___ Coalition ___ Send Edu ___ Common App. ___ I will pick up the transcript Other Electronic ___ (List email address or instructions above) Mail transcript to above name & address _
4.
Please check the appropriate blank below regarding how transcript is to be sent: Naviance ___ Coalition ___ Send Edu ___ Common App. ___ I will pick up the transcript Other Electronic ___ (List email address or instructions above) Mail transcript to above name & address _

NOTE: If transcript envelope is opened prior to delivery to college, university, or employer, the transcript is considered invalid. An official school transcript is stamped with the school seal, signed by a school official, and placed in a sealed envelope.

Maryland State Guidelines for Students' Rights and Responsibilities, 1994 Family Educational Rights and Privacy Act (FERPA), requires that we obtain parental permission for students under 18 years of age to release their transcripts. Your signature allows the school to release transcripts to post-secondary institutions, scholarship selection committees, or the armed forces.

Parent/Legal Guardian Signature Date

Parent Permission on File

For Office Use Only: Date Completed: _____ Completed By: _____