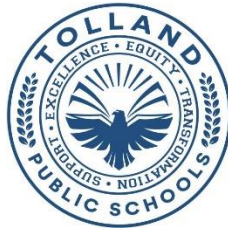


**TOLLAND HIGH SCHOOL COUNSELING DEPARTMENT
TRANSCRIPT RELEASE**



This form must be completed in order for the THS Counseling Office to send your transcript.

Student: _____ Date submitted: _____

Counselor (please circle): Foran Conklin Grady Durham

We (I) give approval for the release of the transcript of the above-named student to the following (please check all that apply):

_____ Colleges/Universities/Post-Secondary Institutions

_____ Athletic Departments

_____ NCAA Clearinghouse

_____ Scholarship Programs

_____ Other: _____

This authorization needs to be completed only once for the academic year and will be in effect for one year from the date of submission.

Parent/Guardian (required if student under 18 years old)

Date

Student

Date

