



JAMES MADISON HIGH SCHOOL AUTHORIZATION FOR RELEASE OF TRANSCRIPT

Student Name: _____

Counselor: _____

College/University: _____

Admissions Office Address:

Parent/Guardian Signature: _____
(Student signature if 18 years of age)

IMPORTANT INFORMATION:

1. A minimum of 20 school days required before application deadline. **There is an additional \$5.00 late fee charged to all transcripts not meeting this deadline!**
2. The first three transcripts are FREE.
3. Additional transcript fee: \$5.00

NOTE: We **DO NOT** mail college test scores. Students are responsible for having official test scores sent directly from the College Board or ACT.

Transcript requests received 72 hours or less from the college's deadline are NOT guaranteed to be sent by the deadline.



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For Office Use Only:

Date to Counselor: _____

Date Counselor sent: _____

Hand carry? YES / NO

Year of Graduation _____

Application Deadline: _____

- Early Decision Early Action Regular Decision Priority
 Rolling** **Self-Reporting** (transcript will not be sent)

If **Rolling, please indicate when you plan on submitting: _____

How will your application be submitted?

- Common App Coalition App College's Own App

Does this school require a counselor recommendation? (Circle One)

YES NO

***If YES, student self-evaluation and parent info form must have been completed and submitted to counselor.**

I waive my right to view the Secondary School Report/Counselor Recommendation. (Circle one.)

Yes No*

*Colleges will be notified.

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