



PROVIDENCE CATHOLIC HIGH SCHOOL

1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencecatholic.org

GUIDANCE DEPARTMENT

PERMISSION TO RELEASE FINAL CREDITS

PLEASE PRINT

STUDENT'S NAME _____

CLASS OF _____

PLEASE FILL OUT BELOW WHICH COLLEGE/UNIVERSITY YOU WILL BE ATTENDING AFTER GRADUATION AND WHERE THE FINAL TRANSCRIPT OF CREDITS IS TO BE SENT

PLEASE CHECK ALL THAT APPLY: Please note – Final transcripts are mailed after June 20th.

1. _____ Send final transcript to college or agency listed below.
 (First final transcript is free. Additional transcripts are \$3.00 each.)

COLLEGE OR AGENCY _____

ADDRESS OF COLLEGE
OR AGENCY _____

CITY _____ STATE _____ ZIP CODE _____

2. _____ I am registered with the NCAA/NAIA. Please send final transcript to NCAA/NAIA (no fee required)
PLEASE NOTE: It is the responsibility of the student to first register with the NCAA/NAIA before a transcript will be sent by Providence. Please check one: _____ NCAA _____ NAIA

3. _____ I will be attending summer school at a university in July/August 2012 - (no fee required)

Name of school: _____

IF UNDER EIGHTEEN, A PARENT MUST SIGN THE RELEASE:

I give permission for the final transcript of credits and standardized test scores of this student to be sent to the above named college and/or agency and any college or employment agency requesting the transcript.

Parent's signature _____

IF OVER EIGHTEEN, THE STUDENT MAY SIGN THE RELEASE:

I, _____ give permission for my final transcript of credits and standardized test scores to be sent to the above named college and /or agency and any college or employment agency requesting the transcript.

Student signature (if over 18) _____

DATE: _____