PROVIDENCE CATHOLIC HIGH SCHOOL
1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencecatholic.org
COUNSELING DEPARTMENT

PERMISSION TO RELEASE CREDITS WITH COLLEGE APPLICATIONS

Student's Name _____

Class of _____

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

Parent's signature _____
(IF STUDENT IS UNDER EIGHTEEN, A PARENT MUST SIGN THE RELEASE)

OR

I give permission for my transcript of credits and standardized test scores to be sent to any college or employment agency requesting the transcript.

Student signature (if over 18) _____

DATE: _____

(rev. 6/17)