



**College Application Record &
Transcript Request Form**
Marshall High School CEEB Code: 470794

Name (Last, First, Middle Initial)

Student ID Number

Date of Birth

Graduation Year

Check the Items below before you give this form to your counselor:

- FOR OTHER SCHOOLS: Must provide an 8 ½ X 11 manila envelope for each OTHER school and three “forever” postal stamps per envelope (Family Connection → College Tab → Colleges I’ve applied to – will show college deliver method)
- The first three transcripts are free and additional transcripts are \$5.00 each (non-refundable)
- Alumni - \$5.00 for each transcript (non-refundable)

GCM does not mail Standardized Test Scores (SAT, ACT, TOEFL) to colleges. You must request them directly through College Board or ACT.

CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

Instructions for Use: This form is to be used by parents and/or guardians or students aged 18 or older to authorize FCPS to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once. The student, parent and/or guardian will use a separate form, your school’s transcript request form, to identify all schools and organizations to which records may be sent.

By my signature below, I authorize FCPS to release to any school or organization identified by me on my school’s transcript request form any of my school records or other information about me that is requested by the school or organization in support of my application. This may include, but is not limited to, my transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance, and/or Family Connection, and other services approved by FCPS.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

- Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees
- No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees

My signature below confirms that I have read and understand this consent form.

Note: Both the parent and/or guardian and student are required to sign this form. Parent and/or guardian signature is not required, however, if the student is aged 18 or over or is attending a postsecondary school.

Student’s Signature

Parent’s Signature (if student is not 18)

(continued on back)

Transcript Secretary Received: _____
Date

Counselor Reviewed: _____
Initials Date

Print Neatly: <i>Name of College or Scholarship</i> <i>Campus Location (if college has more than one location)</i>	What application will you use to apply? <input type="checkbox"/> ComApp <input type="checkbox"/> Coalition <input type="checkbox"/> Other	College Deadline Date	Transcript Needed? Y/N	Counselor Letter Needed? Y/N	Early Action (EA) Early Decision (ED) Regular Decision (RD) Rolling (choose what applies)	Special Instructions	For Student Services Use Only		
							Fee Paid? Y/N	Date Sent from Student Services	Delivery Method <input type="checkbox"/> CA <input type="checkbox"/> eDoc <input type="checkbox"/> Other
	<input type="checkbox"/> ComApp <input type="checkbox"/> Coalition <input type="checkbox"/> Other								<input type="checkbox"/> CA <input type="checkbox"/> eDoc <input type="checkbox"/> Other
	<input type="checkbox"/> ComApp <input type="checkbox"/> Coalition <input type="checkbox"/> Other								<input type="checkbox"/> CA <input type="checkbox"/> eDoc <input type="checkbox"/> Other
	<input type="checkbox"/> ComApp <input type="checkbox"/> Coalition <input type="checkbox"/> Other								<input type="checkbox"/> CA <input type="checkbox"/> eDoc <input type="checkbox"/> Other
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	<input type="checkbox"/> ComApp <input type="checkbox"/> Coalition <input type="checkbox"/> Other								<input type="checkbox"/> CA <input type="checkbox"/> eDoc <input type="checkbox"/> Other