TRANSCRIPT RELEASE FORM
This form is required fifteen (15) school days in advance of the earliest application deadline listed below.

BEFORE TURNING IN YOUR TRANSCRIPT REQUESTS, MAKE SURE TO:
- List each college in the “Colleges I’m Applying To” tab in Naviance.
- Match your Common App account with Naviance.
- List any Common App colleges in your Common Application account.

In accordance with the Federal Privacy Rights of parents and students, the following signed consent is necessary in order for Lower Merion School District to release student records.

1. The undersigned hereby consents to the release of all education records about the student (identifying data, birth date, academic work completed, level of achievement, grades, and attendance), letters of recommendation, and such other information as may be requested.

2. The undersigned hereby consents to the release of disciplinary records as requested by the post-secondary educational institution application process including all suspensions, removals, and expulsions.

* If “no” is marked on this form, the high school will indicate this lack of consent on the student’s application and the student and parent will be responsible for the decision of the post-secondary educational institution to process the application without this information.

Note: I understand that I am responsible for sending my SAT/SAT Subject Area Tests and/or ACT scores directly from the testing company to the college/university.

________________________________________
Student Name (Please Print)

________________________________________  __________________________
Student Signature         Date

________________________________________  __________________________
Guardian Signature – Only required ONCE per school year         Date

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<th>COLLEGE</th>
<th>APPLICATION DEADLINE</th>
<th>APPLICATION TYPE (Circle One)</th>
<th>NEEDS ENVELOPE?</th>
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*Must provide stamped, addressed, 9”X12” envelopes as needed in order to submit this form.

Earliest Application Deadline: _____________

FOR OFFICE USE ONLY:
RECEIVED: _____________

600 North Ithan Avenue • Rosemont, PA 19010-1799 • Phone: 610-658-3950 • Fax: 610-520-3920 • www.lmsd.org • Mr. Scott Eveslage, Principal