



# Queen's Grant Preparatory High School

10323 Idlewild Road, Matthews, NC 28105

Phone: (704) 545-0736 Fax (704) 545-0738

## TRANSCRIPT RELEASE FORM

Date: \_\_\_\_\_

I hereby give permission for my son's/daughter's transcript of academic work undertaken at Queen's Grant Preparatory High School to be sent to colleges, universities or scholarship programs to which he/she is applying.

Student's Name (Print): \_\_\_\_\_

Before a transcript or any other document(s) may be sent to a third party, a parent or guardian (if the student is under 18 years old) or the student (if the student is 18 years old or older) must sign this form and return it to the guidance counselor.

- ✓ I authorize the release of my school transcript and other relevant school records to the colleges, universities and scholarship program(s) to which I will apply.
- ✓ I understand that teacher and counselor recommendations are confidential documents and hereby waive access to them.
- ✓ I understand that it is the policy of Queen's Grant Preparatory High School to inform colleges of serious disciplinary matters (i.e., those resulting in probation, out-of-school suspension, or dismissal) and authorize the release of that information.
- ✓ I acknowledge my obligation to be honest with my college admissions counselor and with the colleges to which I am applying.

Student Signature (if 18 years old or older): \_\_\_\_\_

Parent/Guardian Name (Print) [if student is under 18 years old]:

\_\_\_\_\_

Parent/Guardian Signature [if student is under 18 years old]:

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