

AUTHORIZATION FOR RELEASE OF TRANSCRIPTS

I _____ (Print NAME CLEARLY) request that Riverview High School send my academic transcript, teacher and counselor recommendations and other pertinent school records to the following colleges and/or universities. Indicate **EA** if you are applying *Early Action*, **ED** *Early Decision* or **ROLL** *Rolling* or **RD** *Regular Decision* for the corresponding college/university. Please note: Requests made after this date must be discussed with guidance and will NOT receive priority or preferential support. ***I certify that I have completed the application to the listed institutions.***

EARLY ACTION OR EARLY DECISION REQUESTS DUE ON OR BEFORE OCTOBER 4th

REGULAR DECISION OR ROLLING DECISION REQUESTS DUE ON OR BEFORE DECEMBER 2nd

	College/University	EA/ED/ Roll/RD	Application Deadline	Entered in Naviance (Y/N)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Student Signature _____ N# _____ Date _____

Parent Signature _____ Date _____

Date transmitted: _____

RETURN COMPLETED FORM TO ASSIGNED SCHOOL COUNSELOR

****Printed Transcript Requests for Scholarships, Military and/or Schools that do not accept electronic documents must be requested with the RHS Registrars***