

GALION HIGH SCHOOL GUIDANCE DEPARTMENT

TRANSCRIPT RELEASE FOR SCHOLARSHIPS

BY SIGNING THIS FORM, I AUTHORIZE THE GALION HIGH SCHOOL GUIDANCE OFFICE TO INCLUDE MY OFFICIAL HIGH SCHOOL TRANSCRIPT WITH ANY SCHOLARSHIP APPLICATION I SUBMIT TO THE GUIDANCE OFFICE.

STUDENT NAME _____ DOB _____

STUDENT SIGNATURE _____

PARENT SIGNATURE (ONLY IF STUDENT IS NOT 18) _____