



Garaway Transcript Release Form



****PLEASE PRINT LEGIBLY****

Name: _____
(First) (Middle) (Last)

Maiden Name : _____ Graduation Year : _____

Institution: _____
(Name)

(Address)

(City) (State) (Zip)

(Admissions Counselor) (Email Address)

_____ Official Transcript to be sent directly to college/university/tech or trade school.

_____ Copy to be given to student for scholarship in sealed envelope.

****Do Not Open****. Attach scholarship application to envelope.

_____ College Credit Plus (CC+) (list school above)

_____ Employer (list employer above)

By completing and signing below, I give Garaway High School permission to release my academic records to the above institution.

Signature _____ Date _____

Office Use Only:

Date Mailed _____ Date Emailed _____ Date Given to Student _____

Sender Signature _____