

Springfield High School Transcript Release Form

Date: _____

Name: _____

please print

Counselor: _____

Date of Birth: _____

I give permission to Springfield High School Counseling Office to forward my son/daughter's high school transcript to any post-secondary program or scholarship program he/she may apply.

Parent/Guardian Signature

Date

Student Signature

Date

Thank you.

NOTE: **Students MUST see Patty Davenport to have any Dual Enrollment transcripts sent from UVM, CCV or RVCC to the schools you are applying to.