



SENECA VALLEY HIGH SCHOOL

Counseling Services Department

19401 Crystal Rock Drive, Germantown, MD 20874
Ph (301) 353-8020, Fax (301) 353-8041

AUTHORIZATION TO RELEASE STUDENT RECORDS

Students AND parents MUST sign this form in order for the REGISTRAR to send your official academic records to schools, colleges, businesses, or scholarship sponsors who request them. Give this form to the REGISTRAR. This form only needs to be completed ONE time.

PERMISSION IS GRANTED FOR THE RELEASE OF COPIES OF STUDENT'S SCHOOL RECORDS PERTAINING TO COURSES TAKEN, GRADES, CREDITS EARNED, GPA/WGPA, ATTENDANCE, AND DATE OF GRADUATION OR WITHDRAWAL, TO SCHOOLS OR EMPLOYERS UPON REQUEST.

Student Last Name (PRINT) _____ First _____ MI _____ Student ID # _____

Street _____ City _____ State _____ Zip _____

Date of Birth _____ Month/Year of HS Graduation _____ Counselor's Name _____

Phone Number _____ Alternate Phone Number _____ Parent/Guardian Name (Print) _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

REGISTRAR'S TRANSCRIPT FEE NOTICE

There is NO FEE for the first THREE official transcript requests for college and/or scholarship applications. Thereafter, a **\$3.00** fee MUST be included with each additional official transcript request. Use the *Official Transcript Request* form to request official transcripts.

If writing a CHECK, make it payable to "SVHS" and write your student ID# in the memo section. If you are eligible for a fee waiver, please see your counselor or Mrs. Maloney, who must sign the bottom of this form.

There is NO FEE for Mid-Year Reports and Final Transcripts.

=====Do Not Write Below This Line: For Office Use Only=====

NOTES: _____

COUNSELOR: Student qualifies for transcript fee waiver _____ Signature _____