

**PARSIPPANY HIGH SCHOOL COUNSELING CENTER
BLANKET TRANSCRIPT RELEASE FORM**

I hereby give permission to release the high school records of my son/daughter:

Student Name _____ **ID#** _____

Please check one or more of the following. (It is recommended that you check the first four. The rest are optional.)

_____ Post-high school institutions to which he/she applies for admission
*This form gives permission for the transmittal of the initial transcript and also the transmittal of mid-year and final transcripts

_____ Agencies and/or persons who are involved in the awarding of scholarships and who request these records.

_____ Prospective employers who request these records

_____ Coaches and/or scouts who are interested in these records for athletic scholarship purpose

_____ Vocational/Technical School Recruiters

_____ Military Recruiters

_____ NCAA Clearinghouse (for athletes)

Parent Signature _____

Date _____

• TRANSCRIPT WILL NOT BE PROCESSED WITHOUT SIGNATURE OF PARENT