

Transcript Release Form

Consent for Dissemination of Student Records to a Third Party

****This form must be submitted along with payment to:** Mansfield High School,
Attn: School Counseling Assistant, 250 East St., Mansfield, MA 02048
AT LEAST FIVE (5) WORKING DAYS PRIOR TO ANY DEADLINE DATES

OFFICIAL RECORDS will carry the school seal, be officially stamped, and **MUST be mailed by Mansfield High School** (some exceptions may apply).

UNOFFICIAL RECORDS will be stamped "Unofficial" and may be hand-carried or mailed.

This release form is acceptable means for release to the NCAA Clearinghouse
(Go to www.ncaaclearinghouse.net to register before filling out this form)

Student Name: _____ **Grad. Year:** _____
(Maiden name, if applicable)

Date of Birth: _____ **Drop Off Date:** _____

Signature: _____

*Electronic signatures will NOT be accepted *- I authorize the release of my Mansfield High School transcript** and records as follows:

PLEASE CHECK ALL THAT APPLY:

- ____ Official Transcript (Includes name, address, date of birth, all courses, grades, credits, class rank, and GPA)
- ____ Unofficial Transcript
- ____ Teacher Recommendations (if on file)

TO:

College/University	Address (include City, State, Zip)/ Campus	Application Deadline Date	Online or Paper Application

If Transcript is to be mailed home or to an employer, please complete below information:

Student Name/ Employer Name	Address (include City, State, Zip)

****NOTE: A \$3.00 processing fee will be charged for EACH transcript and related materials sent by the Guidance Office. We accept Cash, Checks or US Money Orders Payable to: Mansfield High School**

For Office Use Only:

Released by: _____ Date: _____

Mailed by: _____ Date: _____