

Student Signature: _____

Mercy High School Non-College Consent to Release Records

 This form will allow your Counselor to release your student records as indicated below. You do not need to subn these requests online in Naviance. 	nit
 Please allow up to 3 weeks for processing. 	
• Incomplete forms will not be processed.	
Student Name (please print): Date of Birth:/	
Counselor (please check): Mrs. Bennetts (A-G) Mrs. Hessler (H-O) Mrs. Casey (P-Z) Mrs. Bro (all 9th)	own
I am requesting a transcript for the following purpose:	
☐ Scholarship ☐ Club/Organization ☐ Summer Program ☐ Internship	
Name of Organization:	
(Name of Scholarship, Organization, Company, etc.) Check the appropriate box of submission:	
☐ Student will pick up from counselor	
☐ Fax to (include name and number):	
☐ Email to:	
☐ Mail to: Organization/Person:	
Street Address:	
City/State/Zip:	—
☐ Please include a Counselor letter of recommendation (<i>if required</i>). The student must attach a "Student Profile Form for Counselor Letter of Recommendation".	e
Check each box indicating that you have completed the identified task and/or understand the identified statement:	
☐ If I am requesting a Counselor letter of recommendation to accompany my transcript, I understand that I must complete and submit the "Student Profile Form for Counselor Letter of Recommendation".	
$\hfill\Box$ I understand that my Counselor has up to 3 weeks to process my request.	
☐ I understand that I must inform the Counseling Office of any scholarships/awards that I receive, and will provide a copy of the award letter. The deadline to do so will be in late April.	
By signing below, I understand the directions of this form and give permission to have Mercy High School release transcripts and other necessary documents sent to the institutions listed above when requested by my daughter.	

TO BE COMPLETED BY COUNSELING: Date submitted to office: _____ Date processed: ____

Parent/Guardian Signature: ______ Date: ____/____