



STAPLES HIGH SCHOOL

70 North Avenue, Westport, Connecticut 06880

Guidance Department

Phone: (203) 341-1225

Fax: (203) 341-1235

Transcript Release Form

Students Who Are Applying to a Summer Program or Private High School

Student Name: _____ Student ID: _____
First MI Last

Current Grade: _____ School Counselor: _____ Application Deadline: _____

At least 2 weeks before the deadline, submit the following to Mrs. Fugitt in guidance (10:30 am to 12:30 pm only):

- a. Staples High School Transcript Release Form (*only one form is needed per year for all requests*)
- b. Teacher/School Counselor Summer Program Recommendation Request Form (*if recommendation required*)

In accordance with Family Educational Rights and Privacy Act (Public Law #93-380), I authorize Staples High School to release my transcript to the recipient(s) indicated. I release any person and/or Staples High School from all liability and hold them harmless for providing such information via transcript, school report, or recommendation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Summer Program/Private High School Name: _____

Is a recommendation/school report form required to be completed by your school counselor? Yes No

Please indicate how you would like the guidance office to send your transcript:

Student will provide school counselor with the link to submit electronically

Please email my transcript to:

Email Address: _____

Please mail my transcript to:

Address: _____

(Attach additional page(s) if you are applying to multiple summer programs/private high schools.)