

MIDDLEBOROUGH HIGH SCHOOL TRANSCRIPT RELEASE FORM

Student Name: _____

Student Signature: _____

Date: _____

I hereby authorize Middleborough Public Schools and its personnel to release my academic transcript to all colleges/universities listed below.

College/University/Scholarship Name & Address	Admissions Deadline	Names of Recommenders (teachers, coaches, supervisors)	Please check (✓) this box if you are applying on the common application online	Please check (✓) this box if you did not apply on the common application online	OFFICE USE ONLY Date Sent _____ Quarter 1 _____ Midterm _____ Final

****Please turn over and fill out the reverse side of this form if you are applying to more than three colleges.**