



# Livingston PUBLIC SCHOOLS

## UNDERCLASSMEN TRANSCRIPT RELEASE FORM

STUDENT NAME: \_\_\_\_\_

SCHOOL COUNSELOR: \_\_\_\_\_

LHS STUDENT ID: \_\_\_\_\_

DATE: \_\_\_\_\_

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**Please send my transcript to the organization listed below:**

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please specify if a transcript can be sent via email or fax, and include that information above.

\* If your transcript must be mailed, please provide a self-addressed, stamped envelope to the LHS School Counseling office to be mailed to school/organization listed above. (Student's name should be printed on the inside flap of this envelope.)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**As the parent of the above student, I hereby authorize Livingston High School to release his/her Livingston High School official transcript to the institution, program or scholarship listed above on this form.**

**I hereby release Livingston High School from any liability for providing this information.**

Date signed: \_\_\_\_\_