



Authorization to Release School Transcript and Information

Name (Please Print or Type) _____

First _____ Middle _____ Maiden _____ Last _____

Date of Birth _____ Social Security Number (last four) _____

Your daytime phone number _____

School you last attended or graduated from _____

Year you graduated or left the above school _____

Type of information you are requesting (please check or circle)

Official Transcript For College _____ Unofficial Transcript _____

| | | | | | |
|--------------------|-----|----|---------------------|-----|----|
| Include SAT scores | Yes | No | Counselor Letter | Yes | No |
| Include ACT scores | Yes | No | Teacher Letter | Yes | No |
| Include AP scores | Yes | No | Teacher Name: _____ | | |
| | | | Teacher Letter | Yes | No |
| School Report Form | Yes | No | Teacher Name: _____ | | |

(Note: You must coordinate with the teacher(s) to give the letter to Mr. Elsner)

Other (i.e. essay, resume, portfolio, etc.) _____

Send transcript and/or information to:

Name _____

Office _____

Street Address _____

City, State, Zip _____

For College Application Circle One: Early Decision Early Action Regular
Using Common App? Yes No

Deadline for application: _____ **Date requested to be sent by:** _____

I authorize Foxborough Regional Charter School to release the information from my scholastic record as indicated above.

SIGNATURE (over 18): _____ Date: _____

Parent/Guardian (under 18): _____ Date: _____

For Office Use Only:
Received: _____ Date transcript or information taken/mailed: _____