



Charles J. Colgan, Sr., High School
 13833 Dumfries Road
 Manassas, VA 20112
 571.374.6550

TRANSCRIPT RELEASE FORM

Dear Parent/Guardian,

As your student starts his/her senior year and begins the college application process, please note that the Family Educational Rights and Privacy Act (FERPA) requires that you authorize consent for us to release your student's academic record to colleges. Please fill out the information below and submit it to the counseling department. Students will not be allowed to request transcripts until this form has been returned.

I, _____, authorize Colgan High School to
 (Parent/Guardian's Name)

release any information for _____ that is requested
 (Student's Name)

from his/her cumulative record (to include initial transcript, mid-year transcript/report, and final transcript) by any colleges/universities, employers, military branches, or scholarship agencies.

I have read and understand the Official Transcript Request Instructions.

 (Parent/Guardian's Signature)

 (Date)

 (Student's Signature)

 (Date)

Date Received	Date recorded in Naviance
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