

Transcript Request Return to Counseling Office

Name: _____

Date: _____

Counselor (*circle*): McNamara (A-G)

Robinson (H-P)

Walters (Q-Z)

I used the following Application Process (please check):

On-Line Application

Hard-copy Application

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student educational records. I hereby give my permission to Oscar A. Carlson High School to mail or fax my official transcript to the following college/university.

College/University		
Attn: Office of Undergraduate Admissions		
Street Address		
City	State	Zip
Signature		Date

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