



Ipswich High School

Student Transcript Release Form

* Release forms MUST be turned into Guidance 2 weeks prior to your deadline. *

* January 1st deadlines must be turned in to Guidance 2 weeks prior to winter break. *

Student Name: _____

Year of Graduation: _____ Date of Birth: _____

Please list the teachers you have requested recommendation letters from:

1.
2.

Have your SAT and/or ACT scores sent to each of the colleges to which you are applying. Scores must be sent through CollegeBoard/ACT NOT the Guidance Office.

Type:	Deadline:	College/School Name:	Complete Address:
ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>			

Are you using the common application for this school? Yes No

Type:	Deadline:	College/School Name:	Complete Address:
ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>			

Are you using the common application for this school? Yes No

Type:	Deadline:	College/School Name:	Complete Address:
ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>			

Are you using the common application for this school? Yes No

Type:	Deadline:	College/School Name:	Complete Address:
ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>			

Are you using the common application for this school? Yes No

If no, is there a Secondary School Report or Counselor Evaluation? If yes, please attach. Yes No

I hereby authorize Ipswich High School to forward the following information to the schools/colleges listed above:

Permanent Transcript (including senior grades)

Student Signature: _____

Date: _____

Type: ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>	Deadline:	College/School Name:	Complete Address:

Are you using the common application for this school? Yes No

Type: ED EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>	Deadline:	College/School Name:	Complete Address:

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