

**CANTON HIGH SCHOOL
Guidance Department
900 Washington Street
Canton, MA 02021
(781) 821-5050
CEEB CODE: 220-545**

TRANSCRIPT RELEASE FORM

Student _____ **Counselor** _____

To ensure the college(s) that you are applying to receive the appropriate materials, please fill out the information below and return to your counselor 10 SCHOOL DAYS prior to the first deadline. All January 1st deadlines must be received by December 10th.

1. College Name - DO NOT abbreviate and specify which campus (i.e. UMass Amherst, not UMass)
2. Common Application – Is this a Common Application? Yes or No.
3. Type of Application - Early Decision, Early Action, Regular, Rolling, etc.
4. Deadline - specific date or rolling

There is a \$2.00 processing fee for each college listed. Please make checks payable to the TOWN OF CANTON

College Name	Common App (Y/N)	Type of Application	Deadline	Date Submitted	Date Mailed

- I have mailed or intend to mail the college application and the application fee to these colleges.
- All of the above schools are on my "colleges to which I am applying" list in Naviance.
- I have completed the FERPA release (yellow box) in Naviance.
- I have or intend to have my SAT, ACT or TOEFL scores sent to all of these colleges.
- I understand that if my status changes significantly during the year, the Guidance Department will notify the colleges to which I have applied of my change in status.

I hereby authorize you to release my transcript and recommendations to the college(s) listed above.

Student Signature _____ **Date** _____

Parent Signature (18 & under) _____ **Date** _____