



TRANSCRIPT REQUEST FORM FOR ATHLETIC PURPOSES



Student Name: _____ ID Number: _____

Grade: _____

Date: _____

_____ I authorize Annandale High School to release a transcript or any official information from the cumulative records to the college, university, or scholarship listed below.

College Name: _____

College Address: _____

Student's Signature: _____

Parent's Signature: _____

*If the student is 18 years old, only the student's signature is necessary.