

University High School Transcript Request

I hereby authorize Bloomington Junior High to release my student's transcript for application to University High School.

Student's Name: _____ Team _____

Parent/Guardian Name printed: _____

Parent/Guardian Signature: _____

Date of request: _____

Return completed form to Student Services.

For Office Use Only:

Date transcript faxed to U-High: _____ Initials: _____

Date transcript released to Parent/Guardian: _____ Initials: _____