

North Andover High School Transcript Release Authorization Form

Student Name

YOG

Today's Date

Signature

Guidance Counselor's Name

*I hereby authorize and request that North Andover High School forward the following information to the school(s) listed below: **Postage Fee of \$3.00 per college must be attached.** This fee covers the cost of mailing all reports to the schools requested on this form. Please make checks payable to NAHS Guidance Department.*

Directions for Completion: If you are requesting a transcript and/or counselor recommendation, this Transcript Release Authorization Form must be turned into the Guidance Department no later than **one month** prior to the application due date. The Guidance Department will generate all secondary school reports through NAVIANCE. It is no longer necessary for students to submit individual college report forms (secondary school, mid-year, etc.).

Application Due Date	Type of Application (Circle One)	Name and Address of College	Date Mailed (office use only)
	Early Action Early Decision Regular Decision Rolling Admission		Transcript/SSR _____ Rec./SSR _____ 1 st term _____ Midyear _____
	Early Action Early Decision Regular Decision Rolling Admission		Transcript/SSR _____ Rec./SSR _____ 1 st term _____ Midyear _____
	Early Action Early Decision Regular Decision Rolling Admission		Transcript/SSR _____ Rec./SSR _____ 1 st term _____ Midyear _____
	Early Action Early Decision Regular Decision Rolling Admission		Transcript/SSR _____ Rec./SSR _____ 1 st term _____ Midyear _____
	Early Action Early Decision Regular Decision Rolling Admission		Transcript/SSR _____ Rec./SSR _____ 1 st term _____ Midyear _____

Guidance Use Only

Form received in Guidance on: _____

Counselor Initials: _____

Total amount received: _____

