

**TRINITY COLLEGIATE SCHOOL TRANSCRIPT RELEASE FORM  
(ONE FORM PER SCHOOL)**

Official transcript requests must be turned in at least 10 school days before the deadline.  
Official transcripts must be mailed by TCS and cannot be given to the student for any reason.

Today's Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**I hereby authorize Trinity Collegiate School to forward my transcript to the school, Person or organization indicated.**

NAME of College/University or Scholarship and ADDRESS

\_\_\_\_\_

**Date Transcript due:** \_\_\_\_\_

Early Decision \_\_\_\_\_ Early Action \_\_\_\_\_

Regular Decision \_\_\_\_\_

CHECK ALL THAT APPLY TO THIS REQUEST:

**(Please note transcripts will not be sent until all of the following items have been completed.)**

\_\_\_\_\_ Application has been reviewed by the College Counselor

\_\_\_\_\_ Photocopy of online application submitted to the College Counselor

\_\_\_\_\_ Application submitted online, date submitted \_\_\_\_\_.

\_\_\_\_\_ Photocopy of online application receipt confirmation page provided to College Counselor

\_\_\_\_\_ College Counselor Form or SSR (secondary school report) submitted to College Counseling Office or submitted online.

\_\_\_\_\_ Teacher Evaluation and/or letter or recommendation form/ request given to Teachers \_\_\_\_\_ or submitted to teachers online \_\_\_\_\_ (please check one)

\_\_\_\_\_ Official test scores sent to college/university,

\_\_\_\_\_ Copy of test scores receipt provided to College Counseling office.

\_\_\_\_\_ Teacher's writing letters of recommendation for me are: \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_  
\_\_\_\_\_ Credit Card payment made on line OR \_\_\_\_\_ check submitted to College Counselor

\_\_\_\_\_ PLEASE SEND TRANSCRIPT

**(RETURN TO COLLEGE COUNSELOR)**