



**Bellingham High School  
Permission to Release Transcript**

**Student Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

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

- Official Transcript  
(For college applications, signed and sealed in an envelope.)
- Permanent Record which may include but not be limited to the following:
  - Scholastic Achievement Test (SAT)
  - Scholastic Achievement Test II (SAT II)
  - American College Test (ACT)
- Other ( Please specify) \_\_\_\_\_

I grant permission for transcripts and/or test scores to be released to any and all institutions to which I apply.

I understand that if I have requested test scores to be released, all scores in the Permanent Record will be included. If I do not wish scores to be released, I will need to have the testing agency send them at my own expense.

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

**Parent's Signature:** \_\_\_\_\_  
Parent or guardian signature required if the student is under 18.

**Date:** \_\_\_\_\_