

**** PLEASE SUBMIT SCHOLARSHIP TRANSCRIPT REQUEST AT LEAST ONE (1) WEEK IN ADVANCE OF SCHOLARSHIP DEADLINE ****

ANDOVER HIGH SCHOOL
STUDENT RECORD RELEASE FORM
SCHOLARSHIP REQUEST

Please Print Clearly

Student _____ YOG _____ Counselor _____

Scholarship Name _____

Scholarship Address _____
(Street)

_____ (City) _____ (State) _____ (Zip)

Scholarship Deadline Date _____

Transcript Only (students must pick up in Guidance) _____

Counselor Recommendation & Transcript _____ ***

- *** - If a counselor recommendation is requested, please **include a STAMPED MANILLA ENVELOPE addressed to the scholarship program.**
- If the scholarship application has a form for the guidance counselor to complete, please include that as well.
- Students will not receive a copy of the counselor's recommendation.

I HEREBY AUTHORIZE ANDOVER HIGH SCHOOL TO RELEASE THE FOLLOWING RECORD:

_____ Transcript (Grades, GPA) and/or Counselor Recommendation

***** WE DO NOT SEND TEST SCORES *****

Student Signature _____ Date _____

Parent Signature Required If Under 18 Years Old _____

Andover High School is committed to the principle of equal opportunity in education.
The school does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin in the administration of its scholarship programs.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

_____ Date

_____ Counselor

_____ Received By

_____ Date to Counselor

Date Mailed _____

Counselor _____

Transcript Given to Student _____