



# Ashland High School

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419-289-7968

## Transcript Release Form

I hereby give permission for my student's transcript of academic work at Ashland High School to be sent to **any college, university, or scholarship program to which they apply, or are interested in attending**. Students or parents may make a request through their counselor or the guidance secretary verbally or in writing.

The date the transcript was sent and where it was sent to will be kept in an electronic database.

Please plan on making transcript requests **7 to 10 working days prior to the due date at the college, university, or scholarship program**.

Student name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Please print)

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(Student may sign if over 18)

**WE ARE ASHLAND ARROWS**

