



MARLBORO ACADEMY TRANSCRIPT RELEASE FORM

Official transcript requests must be submitted at least 5 school days before the deadline. Transcripts will not be issued for students with an outstanding balance or unfulfilled obligation to Marlboro Academy.

Today's Date: _____

Date Transcript Due: _____

Student's Full Name: _____

Student's Signature: _____

I hereby authorize Marlboro Academy to forward my transcript to the school, person, or organization indicated.

Parent's Signature: _____

I hereby authorize Marlboro Academy to forward my child's transcript to the school, person, or organization indicated.

NAME/ADDRESS of College/University or Scholarship:

I am applying to the above college using the Common Application. Yes ____ No ____

Please send my FINAL transcript to the college/university above. _____
(For use after graduation)

(RETURN TO COLLEGE PLACEMENT COUNSELOR)