



KINGSWAY REGIONAL SCHOOL DISTRICT

Guidance Office
201 Kings Highway
Woolwich Township, NJ 08085-9653

TRANSCRIPT RELEASE FORM

I hereby authorize the release of secondary school records for

_____ to the following (check all that apply):
(student's name)

- _____ Colleges and universities*
- _____ Scholarship organizations
- _____ Employers
- _____ Military recruiters
- _____ NCAA*

for the time period of June, 2011 through June, 2012.

**For college application purposes students must request official SAT I/SAT II/ACT scores to be sent directly to the admissions offices from the testing organizations. Students must also request that official SAT/ACT scores be sent to the Clearinghouse if the student is seeking NCAA eligibility.*

_____ Student Initials

_____ Parent Initials

Student's Signature

Date

Parent's Signature

- . I am eighteen years of age or older and authorize the release of my secondary school records to the institutions indicated above.

Student's Signature

Date