

Counselor: _____

Current Grade Level: _____

GATEWAY REGIONAL GUIDANCE DEPARTMENT

Gateway Regional High School
775 Tanyard Road Woodbury Heights, N.J. 08096
Ph: (856) 848-8104 Fax: (856) 848-2017

TRANSCRIPT RELEASE FORM

I hereby give permission for my son's/daughter's academic transcript to be sent to colleges, universities, and scholarship programs to which he/she is applying. I understand that it is the student's responsibility to notify the Guidance Department of those colleges and programs for which a transcript is needed and to do so at least two (2) weeks prior to the due date at the college, university, or scholarship program. Gateway is not responsible for transcript requests received in the Guidance Office that do not allow sufficient processing time.



*Check **this box** if you give permission for Guidance to release information regarding your student for the purposes of graduation awards or scholarships.*

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Note: Students are responsible for sending official SAT/ACT scores directly from the testing companies to the colleges.