# *Parental Consent for Transcript Release*

In order for Arlington High School Counselor office to complete your college application, this form must be on file in the Counselor Office with both the student and parent signature.

***Student Information***

Student Name

Date of Birth

Address

Student Signature Date

***Parent/Guardian Information***

You are authorized to release the transcript of the above named student to:

 Any college or university to which my child applies **OR**

 The following college(s) or university(ies).

Parent/Guardian Signature Date

Note: Records will be released upon written consent of a parent or guardian of a minor student or the actual student if 18 years or older.