



Student Official Transcript Release Form

Student Name _____

School Counselor (for current students) _____

Student Signature _____ Today's Date _____

- It is recommended that college applications are completed prior to submitting a transcript request.
- A completed Parent Transcript Release form must be completed prior to submitting this form (for student's under 18 years old).
- Transcript requests may take 7-10 days for processing. During busy times of the year, transcript requests may exceed 10 days for processing.
- All financial accounts need to be current before transcripts are released.
- Completing this form gives Lancaster Mennonite School permission to send an official transcript (including name, address, date of birth, grades, credits, GPA, SAT/ACT scores) to the institution(s) below:

Name of College/University _____

Admissions Office Address _____

Complete this section only if you are requesting recommendation letters to be mailed along with your transcript.

Teacher/counselor name for recommendation letter 1: _____

Teacher/counselor name for recommendation letter 2: _____

Teacher/counselor name for recommendation letter 3: _____

For office Use: _____ *Date Mailed*

Name of College/University _____

Admissions Office Address _____

Complete this section only if you are requesting recommendation letters to be mailed along with your transcript.

Teacher/counselor name for recommendation letter 1: _____

Teacher/counselor name for recommendation letter 2: _____

Teacher/counselor name for recommendation letter 3: _____

For office Use: _____ *Date Mailed*

Name of College/University _____

Admissions Office Address _____

Complete this section only if you are requesting recommendation letters to be mailed along with your transcript.

Teacher/counselor name for recommendation letter 1: _____

Teacher/counselor name for recommendation letter 2: _____

Teacher/counselor name for recommendation letter 3: _____

For office Use: _____ Date Mailed

Name of College/University _____

Admissions Office Address _____

Complete this section only if you are requesting recommendation letters to be mailed along with your transcript.

Teacher/counselor name for recommendation letter 1: _____

Teacher/counselor name for recommendation letter 2: _____

Teacher/counselor name for recommendation letter 3: _____

For office Use: _____ Date Mailed

Name of College/University _____

Admissions Office Address _____

Complete this section only if you are requesting recommendation letters to be mailed along with your transcript.

Teacher/counselor name for recommendation letter 1: _____

Teacher/counselor name for recommendation letter 2: _____

Teacher/counselor name for recommendation letter 3: _____

For office Use: _____ Date Mailed