

Rush-Henrietta Senior High School – College-Transcript Release Form

Drop off this form in the counseling office or email to: tottman@rhnet.org ~ Please allow 10 school days for processing ~

Student Name:	Counselor:								
College(s) Name:	Application Deadline	Tyr Common App	De of Ap	Application Directly to College Other		How did y *Early Early Decision Action		you apply Reg Rolling Decision Decision	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
			* I have	e attached o	an RH "Ea	rly Decision	Agreem	ent" with	this form
 Potential major or interest: Yes - I have added and/or matched my Yes - I waive my rights to access my let I am requesting a counselor's letter of I have completed the Senior Inform 	ters of recom recommenda ation Survey	imendatio ition in Naviar	ice		-				
The best way to contact me with questic									
By Signing Below: I give permission for my counselor to verify my a above college/organization (check all that apply Transcript, GPA, Decile Placement	cademic avera	age, compl and once s	ete all r cores a	equired pa r e release o	arts of the	e applicatio	l schools		
TEST SCORES ARE NOT OFFICIAL. If your college r from the testing agency. This can be done online	equires "Offic	ial Scores,	" you M	UST reque	st and pa	ay to have	them se	nt directl	y
Official AP Scores must also be self-reported on t	he application	n or sent di	irectly fr	om the Co	llegeboa	rd using w	ww.colle	egeboard	.org.
Student Signature	Date	Pa	arent/Gu	uardian Sig	nature (i	f under 18)	Date	
FOR OFFICE USE ONLY:									

Date Received	Date to Counselor	Date to Tracy	Date Emailed/Faxed/Mailed/Submitted



Student Name: _____

All email correspondence and attachments can be sent to:	Scholarships@rhnet.org
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		How did you apply			
Scholarship (s) Name:	Due Date	Through Naviance	Directly Online	Paper	
Attached is:	pt 🗌 Proof of Acc	ceptance	Activit	y Resume	
Yes - I waive my rights to access my letters of recommendation subm	nitted on my behal	f			
Return to student – I will send on my own					
Additional special instructions:					
The best way to contact me with questions: Email:		(Per	sonal / S	chool)	
Phone:					
By Signing Below:					
I give permission for my counselor to verify my academic average, complete all above scholarship/organization (check all that apply):	required parts of the	e applicatio	n and sen	d it to the	
Transcript, GPA, Decile Placement Test Scores (includes ALL SAT,	ACT)** 🗌 Le	tter(s) of Re	commenc	lation	
Student Signature Date Parent/O	Guardian Signature (i	if under 18)		Date	
FOR OFFICE USE ONLY:					
Date Received Date to Counselor Date to Tracy Date	e Emailed/Faxed/Ma	iled/Submit	tted		