



# ***SOUTH SHORE CHARTER PUBLIC SCHOOL***

*Inspiring every student to excel in academics, service, and life*

## South Shore Charter Public School Authorization of Transcript Release

I hereby authorize school officials to send official student transcripts on the following student for:

College     Scholarship     Summer Program (s)     Other

**Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Student**                       **Previous Student**                       **Graduate**  
Expected Grad Date: \_\_\_\_                      Attendance (non-graduate) \_\_\_\_                      Grad Date \_\_\_\_

Date of Request	Send To:	Date Completed
1.		
2.		
3.		
4.		
5.		

\_\_\_\_\_  
(Student Signature – 18 yrs/older)

\_\_\_\_\_  
(Parent Signature)

*For Office Use Only:*

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: