MOTHER SETON REGIONAL HIGH SCHOOL

TRANSCRIPT AND/OR COUNSELOR RECOMMENDATION RELEASE FORM

SCHOLARSHIP / SUMMER PROGRAM / OTHER PROGRAM

Student's Name _____ Date _____

Recommendation Letters Requested _____ _____
Teacher's Name Teacher's Name

Deadline Date _____

___ Scholarship ___ Summer Program ___ Other Program

Program Applying to _____
Name of Program

_____
Address / P.O.Box

_____
City, State, Zip

_____ _____
Parent/Guardian OR Adult Student's Signature (*Required) Date

DOCUMENTATION CHECKLIST FOR COMPLETED TRANSCRIPT REQUEST (Please check off all appropriate items)

$5.00 Fee Included ___Yes
Resume (If Applicable) ___ Included ___Already on file in Guidance
Request for Recommendation Submitted to ___Counselor ___ Teacher

___Please give to student when completed OR ___Please mail to the above address

We require A MINIMUM OF AT LEAST 1 WEEK NOTICE to process a program transcript/recommendation requests.
There is a $5.00 processing fee for each request. This fee and all documentation is due at the time you give this release form to Guidance.
You may pay by Cash, Check or Money Order made payable to "Mother Seton Regional High School."
ONLY COMPLETED RELEASE FORMS WITH $5.00 FEE AND ALL SENDING DOCUMENTATION INCLUDED WILL BE ACCEPTED.

___Paid Date mailed or given to Student_____