

**LINCOLN HIGH SCHOOL
GUIDANCE OFFICE
135 OLD RIVER ROAD LINCOLN, RI 02865**

*****REQUEST FOR TRANSCRIPT/RECORD RELEASE FORM*****

**PLEASE NOTE: THE GUIDANCE OFFICE REQUIRES A MINIMUM OF 7 DAYS
TO PROCESS TRANSCRIPTS.**

In order to comply with the Federal Regulations on the Privacy Rights of Parents and Students, we are required to obtain your written permission prior to releasing any educational records.

I hereby consent to the release of a copy of the educational record of:

Student's Name: _____ Year of Graduation: _____

Parent or Student (if over 18) Signature: _____ Date: _____

SEND TRANSCRIPT TO: (Please indicate name of institution, complete address, due date, then place yes or no under the Common Application) **Common App option is only available to current LHS Seniors.*

Common App*	Institution	Complete Address (street, city, state, zip)	Due Date	Date Sent

Please continue on the back page of form if necessary.

Page 1

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