

FOFCA TRANSCRIPT RELEASE FORM & COLLEGE APPLICATION CHECKLIST:

STUDENT NAME (Please print): _____

DATE OF TRANSCRIPT REQUEST: _____

NAME OF COLLEGE OR ORGANIZATION: _____

APPLICATION DEADLINE (postmark or received by): _____

APPLICATION CHECKLIST:

_____ Applied online, application was submitted on (date): _____

(Note: You must print out any required paperwork and turn in with this form.)

_____ Will apply online, application has not yet been submitted

_____ Paper application has been sent

ADDITIONAL PAPERWORK CHECKLIST:

_____ Counselor recommendation is required and attached (allow at least two weeks notice)

_____ Teacher recommendation letters need to be included (list teachers names)

TRANSCRIPT RELEASE PERMISSION

I give my permission to FOFCA to release my official high school transcript to the following college, scholarship program, or organization:

Name of College/Organization: _____

Street Address of College/Organization: _____

City/State/Zip: _____

Student Signature: _____

OFFICE USE ONLY:

MAILED ON: _____