

Glenbard South High School
Guidance Office

Transcript Release

Student Name: _____ ID#: _____ Date: _____

I understand that by signing this transcript release form, I am authorizing Glenbard South High School to attach a transcript to any and all college and scholarship applications. A transcript includes grades and class rank. If requested, college entrance examination scores will be included with the transcript. Furthermore, this release authorizes the registrar at Glenbard South High School to follow up on any application with a 7th semester and a final transcript when requested.

Parent Signature: _____

Student Signature: _____



PSAT/ACT Score Release

Student Name: _____ ID#: _____ Date: _____

I give permission for my student's PSAT/ACT test score to be included with the official Glenbard South District 87 transcript. This ACT test is part of the statewide Prairie State Achievement Examination administered to all students in April of their junior year.

Parent Signature: _____

Student Signature: _____

Please return this form to the Registrar in the Guidance Office.
This form will be kept on file as permission for all transcript requests
made while the student is attending Glenbard South High School.