

**WAYLAND PUBLIC SCHOOLS
WAYLAND, MASSACHUSETTS
REQUEST FOR TRANSCRIPT RELEASE FORM**

Name (original name if changed since graduation) _____

Year of Graduation: _____

Date of Birth: _____

Phone Number: _____

Reason for Release of Transcript _____

My signature below authorizes Wayland Public Schools to release the following information:

_____ Transcript of Grades

_____ Counselor Recommendation (if required)

Please send to the colleges and/or organizations listed below:

Name (Please Print) _____

Signature _____

Date _____

FOR OFFICE USE

Date received _____

Mailed _____