



Shawsheen Valley Technical High School  
**Transcript Release Form**  
Guidance Department

I hereby give permission for my son's/daughter's transcript from Shawsheen Valley Technical High School to be sent to colleges, universities, and or scholarship programs where they are applying. Students must request transcripts a minimum of 2 weeks before the due date to insure timely submission.

Students Name: \_\_\_\_\_ Shop: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student may sign if over 18 at time of request)

College/Scholarship Name Address	Student Initials	Due Date	Date Sent Guidance Initials