

HIGH SCHOOL TRANSCRIPT RELEASE FORM

NOTICE TO APPLICANT: Please be sure to send this form to the High School that you need the transcript request from. **Do not send this form back to PRCC.** If you do, and we do not receive your transcript(s), by the ***October 1st deadline***, your file may be considered incomplete. It is your responsibility to send this form to the necessary school(s).

Name: _____
(Last) (Maiden) (First) (Middle)

Date of Attendance/Graduation: _____

SOCIAL SECURITY NUMBER: _____

I am requesting the records department of _____
(Name of High School you attended)

To release my transcript to:

*Pearl River Community College
Office of Admissions
5448 US Hwy 49 South
Hattiesburg, MS 39401*

Signature: _____

Date: _____

**** High school transcripts must include cumulative GPA based on a four-point scale. Please be sure to request that your GPA is calculated and documented on your high school transcript**

*Notice to High School: Please send an official Transcript for the following Pearl River Community College Surgical Technology Program applicant. **Please send via eScript.***

This form may be duplicated if necessary.