

## **BRIARCLIFF HIGH SCHOOL TRANSCRIPT RELEASE FORM**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign below and return to Guidance in the enclosed envelope by **August 26, 2019** to allow Briarcliff High School to send your transcripts to all the colleges to which you will apply.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature