

GARDEN CITY HIGH SCHOOL COUNSELING CENTER
TRANSCRIPT APPROVAL FORM

Name (print) _____

Counselor: _____

Submit this form to the Counseling Center. The completion of this form is required before any official transcripts can be released.

Please complete either Section A or Section B below.

SECTION A:

My parent/guardian and I have examined my transcript and find it to be correct.

Student signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

SECTION B:

I believe my transcript is incorrect as described below:

Student signature: _____

Date: _____

Parent/guardian signature: _____

Date: _____

If any revisions are made to the transcript, a revised copy will be mailed home for your approval.