**THE SCHOOL DISTRICT OF SPRINGFIELD, R-12**

**TRANSCRIPT PERMISSION FORM (Current Student)**

**Important Information for Parents or Guardians:**

Students under the age of 18 must have parent/guardian approval to request that a transcript be sent from the school to a post-secondary institution, scholarship agency or employer. Completing this form will authorize their student to make unlimited requests during the school year.

Please consider the following information regarding transcript requests before signing this authorization.

***Since the ACT is a voluntary test, the scores will not automatically be included with the student’s transcript when sent to post-secondary institutions or scholarship agencies. In addition, many colleges do not accept the scores unless sent directly from the testing company. When requesting the transcript be sure to check the box indicating you want the ACT scores sent.***

Student Name: \_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

***(Please Print)***

I give permission for my student to authorize all transcript requests during the 2021 – 2022 school year.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**PLEASE RETURN TO MRS. KYLE IN ROOM 135G IN THE COUNSELING OFFICE OR TO:** **bkkyle@spsmail.org**

**TO COMPLETE A TRANSCRIPT REQUEST, FOLLOW THESE DIRECTIONS:**

GO TO: <https://www.sps.org/parkview>

**Quick Links**

[**Counseling Center/Records Office**](https://www.sps.org/site/Default.aspx?PageID=4750)

[**Request a Transcript**](https://www.sps.org/site/Default.aspx?PageID=4760)

[***CURRENT Students***](https://docs.google.com/forms/d/e/1FAIpQLSf18J-oK5sNURH_DHbHC1slX96AogudyheZwGhoGLHx-t5yMQ/viewform?usp=sf_link)