



Tabb High School
4431 Big Bethel Road
Yorktown, Virginia 23693
(757) 867-5399 Fax (877) 829-0311

York County School Division

Tabb High School Transcript Request Form

Date: _____

Year of Graduation: _____

Name (please print): _____

Best phone number to reach you: _____

I authorize Tabb High School to release my transcript for all college or scholarship applications as requested. I understand that I need to have the testing agencies (i.e. College Board) send my scores directly to the colleges of my choice.

I understand that for all schools other than those using an electronic transcript it is my responsibility to provide the guidance office with a business size envelope addressed to the college admissions office. The envelope should be postmarked with two first class postage stamps but NO return address. The transcript will be sent with Tabb High School's return address. I will provide envelopes a minimum of one week prior to the postmark deadline to allow for processing.

Student Signature

Parent Signature

NAME: _____

Transcript Release on File _____

Date	College		Electronic Transcript Yes/No	Date Mailed Or sent

Notes: