

MONMOUTH COUNTY COTILLION COMMITTEE, INC.

**HIGH SCHOOL TRANSCRIPT
AUTHORIZATION RELEASE FORM**

Guidance Department Must Send All Transcripts

Parent/Guardian: Complete this form and give to the applicant's high school guidance office.

To: _____ High School

I authorize you to release a copy of my daughter/son,
_____ (name) high school transcript
to the MONMOUTH COUNTY COTILLION COMMITTEE,
INC. and remit to the address listed below. I understand that the
information obtained will be kept confidential and will be used
solely for the purpose of evaluation.

**TRANSCRIPT MUST BE RECEIVED BY
NOVEMBER 18, 2011**

Signature of Parent/Legal Guardian

Date

SEND TRANSCRIPT TO:

Ms. Bunny Roberson
General Chairperson
Monmouth County Cotillion Committee, Inc.
P.O. Box 489
Neptune, NJ 07753