



L&N STEM Academy

Request for Release of Student Records For Dual Enrollment

(Please submit at least 7 days in advance of deadline)

Name _____ Grade _____

Application Deadline _____ Date Submitted to Counseling Office _____

1. College/Receiving Institution: _____

Address: _____
_____ or

Email address: _____

2. College/Receiving Institution: _____

Address: _____
_____ or

Email address: _____

Place a check next to the items you'd like to be sent to the college or receiving institution:

____ Transcript of courses and grades

____ Copy of current schedule

College entrance exam scores:

____ All test scores ____ ACT ____ SAT ____ AP ____ PSAT

I request that the L&N STEM Academy Counseling Office mail to the institution named above my official transcript and/or test scores for the purposes of dual enrollment.

Student Signature _____

Parent Signature _____

(required if student is not 18)

(For counseling use only)

____ Transcript of courses and grades copied

____ Current schedule copied

____ Test scores copied

____ Other completed

____ Date sent