

**BELLOWS FREE ACADEMY – FAIRFAX, VT
STUDENT TRANSCRIPT RELEASE REQUEST 2009-10**

Student Name: _____

I give permission for Bellows Free Academy to send copies of my High School Transcript, SAT/ACT scores, Student Biographical Data, and recommending comments/letters to the schools, employers and/or programs listed below.

To Be Filled in by Guidance Only

Name of College/University: Mailing Address: Mailing Address: City, State Zip:	Date Application Mailed/Online	Date Rec'd in Guidance	Date Mailed
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BTC / CTE STUDENTS

Please list school attended and during what year(s)

SCHOOL NAME	YEARS ATTENDED

LETTERS OF RECOMMENDATIONS

Please list the names of up to 3 people
from whom you will be requesting recommendations.

Name of Person Submitting Recommendation	Date Received

Student Signature: _____ Date: _____