



High School Transcript Request

Student Applicant – Please complete the information below and give this record release form to your high school counselor.

Student's Name _____ Date of Birth _____ Graduation Year _____

I hereby consent to the release of my high school records to Compass College of Cinematic Arts.

Student's Signature _____ Date _____

School Administrator

The Student whose name appears above is requesting the release of his or her high school records to Compass College of Cinematic Arts. Please complete the requested information, sign the form, attach the entire form to the transcript, and mail to:

Compass College of Cinematic Arts • Admission's Office • 41 Sheldon Blvd. SE • Grand Rapids, MI 49503

High School Name _____

High School Address (City, State, Zip) _____

Phone _____

Counselor's Name _____

Guidance Office Phone _____

Student's Class Rank _____

CEEB Code _____

GPA and Scale _____

Semesters _____

Standardized Test Scores *(with subscores, if available)*

SAT _____
Reading Math Writing TOTAL

ACT _____
English Math Reading Science COMPOSITE

Recommendation for enrollment at Compass College of Cinematic Arts

- Recommended
 Not recommended
 Recommended with reservation
 School policy precludes recommendation

The information on this form is verified by

Counselor's Signature _____

Date _____

Would you like to receive information about Compass College of Cinematic Arts? Yes No