

THE COLLEGE OF ST. SCHOLASTICA
Duluth, Minnesota

Postsecondary Enrollment Options Program
STUDENT TRANSCRIPT RELEASE FORM

I, _____ authorize the release of my St. Scholastica
(student's name)
academic transcript to _____ High School at the end of
(high school name)
each academic quarter. I understand and acknowledge that upon my 18th birthday, I will
assume responsibility for the release of my transcript by completing a Transcript Request
in the Registrar's Office, Tower 1127.

Date _____
Student Signature

Date _____
Parent Signature

Date _____
Parent Signature

High School Address _____

City _____ State _____ Zip Code _____

THE COLLEGE OF ST. SCHOLASTICA
Duluth, Minnesota

Postsecondary Enrollment Options Program
STUDENT WAIVER

We, the parents of _____, a student at
(students name)
_____ High School, give permission
(high school name)
for our son/daughter, to attend the College of St. Scholastica in Duluth, Minnesota, within the
confines of the state supported Post Secondary Enrollment Options Program. We acknowledge
and understand that our son/daughter will be involved in college-level programs and activities,
and will be expected to abide by the rules, regulations, and procedures of the College of
St. Scholastica. We understand that academic transcripts will not be released until all books are
returned to the College.

Parent Signatures

Date

THE COLLEGE OF ST. SCHOLASTICA
Duluth, Minnesota

Postsecondary Enrollment Options Program
PRINCIPAL OR GUIDANCE COUNSELOR FORM

PSEO Applicant _____
(student's name)

Student's Rank in Class _____ Recommended

Transcripts Enclosed _____ Recommended with Reservation

Transcripts will Follow _____ Not Recommended for St. Scholastica

Test scores, if available:

PSAT: Verbal _____ Math _____ SAT: Verbal _____ Math _____

ACT: Composite _____

Total high school credits required to graduate _____

Number of credits completed _____

Number of credits still needed _____

What specific areas are credits still needed to graduate? (i.e. English, Social Studies, etc.)

Subject	Credits Needed

Note: Textbooks purchased for this student are the property of CSS. Students are instructed to return books to the PSEOP coordinator.

High School Name _____ High School Code _____

High School Principal/Counselor (please print)

High School Address City State Zip Code Phone Number ()

Signature Date