



BISHOP CARROLL CATHOLIC HIGH SCHOOL

8101 West Central Wichita, KS 67212 (316) 722-2390 / (316) 722-6670 [Fax]

TRANSCRIPT RELEASE FORM FOR STUDENT ATHLETES

Student Name: _____

Graduation Year: _____

Registering with the NCAA Eligibility Center:

I understand that it is my responsibility to register with the NCAA Eligibility Center (www.eligibilitycenter.org) by the end of my junior year. I understand that it is my responsibility to request SAT/ACT scores be sent directly from the testing agency to the NCAA Eligibility Center. I am responsible for requesting official transcripts to be sent from every high school I attend to the NCAA Eligibility Center. It is the student and parent/guardian's responsibility to check on the NCAA requirements to ensure the student is eligible.

Unofficial Transcript Authorization:

Coaches and colleges may contact Bishop Carroll for unofficial transcripts of prospective student athletes. I authorize Bishop Carroll Catholic High School to release unofficial transcripts to colleges and college athletic recruiting agents. I understand that recruiters will have access to all information in the transcript including: name, address, DOB and academic history. My signature also authorizes the coaching and administrative staff of Bishop Carroll Catholic High School to discuss, mail or FAX unofficial grade reports for the purpose of awards, athletic eligibility, scholarships or admissions. The Bishop Carroll Catholic High School transcript may include standardized test scores (i.e. PSAT, ACT, SAT), however these scores are included as a courtesy and are considered unofficial. This release shall remain in effect *until the student graduates* from Bishop Carroll Catholic High School.

I certify that I have read and agree to the statements outlined above:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return this completed form to the BCCHS Registrar.

FAX: 316-722-6670 / meetherelizabeth@bcchs.org