

# Release form for HS students to provide to guidance counselor



- 1 – Print this Form
- 2 – Complete the “Student Information” section below
- 3 – Sign and date
- 4 – Provide the completed form to your Guidance Counselor

It is also your responsibility to follow up with your guidance counselor to ensure that she or he has completed this form and returned it, along with a copy of your transcript, to the Community Foundation. All information **must be in CRCF office no later than June 30<sup>th</sup>**.

This is a release form. By filling it out and signing it, you are authorizing your high school to provide this information to Chautauqua Region Community Foundation so that we can process your request for a scholarship.

## Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Area & Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Year of Graduation \_\_\_\_\_ High School \_\_\_\_\_

I, authorize my high school to provide the information specified in this release to Chautauqua Region Community Foundation.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Academic standing (to be filled out by Guidance Counselor – all fields required)

Graduation Date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Class Rank \_\_\_\_\_ Number of students in  
graduating class \_\_\_\_\_

SAT Total Score (Math &  
Critical Reading) \_\_\_\_\_ Composite ACT Score \_\_\_\_\_

Complete this form and return it, along with the student’s **TRANSCRIPT**, to the Chautauqua Region Community Foundation.

Please contact Lisa Lynde, Program Officer at [llynde@crconline.org](mailto:llynde@crconline.org) or (716) 661-3394 with any questions.

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE IN CRCF OFFICE NO LATER THAN JUNE 30th.**

**Please return to:** Chautauqua Region Community Foundation,  
Attention: Lisa Lynde, Program Officer,  
418 Spring Street, Jamestown, NY 14701  
Fax (716) 488-0387 Phone (716) 661-3394