OFFICIAL SCHOOL RECORD

Student Name

TO ALL APPLICANTS:
Sign below and give this form to your Guidance Counselor/Principal. Have him/her complete the Official School Records section. The School Official should return this form directly to The Community Foundation of Middle Tennessee.

CERTIFICATION
To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the school record and other requested information for consideration with this scholarship application.

APPLICANT SIGNATURE ___________________________ DATE ____________

PARENT (SPOUSE) SIGNATURE ___________________________ DATE ____________

TO BE COMPLETED BY SCHOOL OFFICIAL/GUIDANCE COUNSELOR

OFFICIAL SCHOOL RECORDS
Please complete the information below and submit an official school record/transcript and most recent Standardized Test Scores for this student to The Community Foundation of Middle Tennessee. School records must arrive at The Community Foundation by the MARCH 15 deadline or the student’s application will be viewed as incomplete and will not be reviewed.

Return this form and copies of the school record/transcript to The Community Foundation via one of the following methods:
1. EMAIL the completed form to grants@cfmt.org.
2. FAX the completed form to 615-327-2746.
3. MAIL the completed form to: Scholarship Coordinator, Community Foundation of Middle Tennessee 3833 Cleghorn Ave Ste 400 – Nashville TN 37215.

Please make sure the transcript is readable AND includes a class schedule for this year. Website generated transcripts are not official documents and therefore are not acceptable.

CERTIFICATION
I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Community Foundation of Middle Tennessee, I (we) agree to give documentation for information given on this form:

Name ___________________________ Title ___________________________ Date ____________
School ___________________________ Address ___________________________
City __________________ State ______ Zip ______ Email __________________
Signature ________________________ Phone ______________ Fax ________________

ALL DOCUMENTATION SHOULD BE SUBMITTED BY MARCH 15.