

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.