**ROOSEVELT HIGH SCHOOL**

**GUIDANCE DEPARTMENT**

**TRANSCRIPT APPROVAL FORM**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete either Section A or Section B below.**

**Submit the form to Ms. Messina in the Counseling Center.**

**SECTION A:**

**My parent/guardian and I have examined my transcript and find it to be correct.**

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***Student Signature Date Parent/Guardian Signature***

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**SECTION B:**

**I believe my transcript is incorrect as described below:**

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***Student Signature Date Parent/Guardian Signature***

Revised: October 29, 2021