Dartmouth College
National Scholarships and Fellowships
Transcript Release Form

PERSONAL INFORMATION

Name: First | M.I. | Last **Dartmouth ID:** **HB:**

Class: **E-mail Address:**

Current Mailing Address:

Permanent Mailing Address:

RELEASE AUTHORIZATION

I authorize Dartmouth College to release my transcript to the Office of Scholarship Advising for the purposes of my pending application(s) for the following scholarship/fellowship(s):

Scholarships:

_____ _____

Signature **Date (MM/DD/YYY)**

Please complete, sign, date, and return this form to:

Scholarship Advising
6201 Parker House, Room 101
Dartmouth College
Hanover, NH 03755

Fax: (603) 646-8190

***This form must be submitted by FAX or MAIL. We CANNOT accept this form by e-mail.**