Delta Sigma Theta Sorority, Inc.

Norfolk-Plymouth County Area Alumnae Chapter

Delta GEMS Program

School Transcript and Report Card Release Form

2019-2020 Academic Year

TO PARENTS:

Please complete this form and submit it to the Principal, Registrar, or Guidance Counselor of your child’s current school. If your child has attended more than one high school, then this form should be submitted to all high schools attended.

I hereby authorize (applicant’s school):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to release a copy of the academic records of (applicant’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to Delta GEMS Program.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

TO THE SCHOOL:

The Delta GEMS program requires participants to submit a school transcript. In addition, we require quarter report cards be released in order to track participants academic progress throughout the academic year.

We prefer electronic submission of the transcript/report cards, if possible, from an official school email address. Please email to: [d](about:blank)elta.gems\_npcaac@yahoo.com

Alternatively, copies may be mailed to:

Delta Sigma Theta Sorority, Inc.

Norfolk-Plymouth County Area Alumnae Chapter

Attn: Delta GEMS

P.O. Box 61

Randolph, MA 02368

We appreciate your efforts in helping this student. Thank you.