



TRANSCRIPT RELEASE FORM STUDENT ATHLETES

Student Name: _____ Graduation Year: _____

REGISTERING WITH THE NCAA ELIGIBILITY CENTER:

I understand that it is my responsibility to register with the NCAA Eligibility Center (www.eligibilitycenter.org) by the end of my junior year. I understand that it is my responsibility to request SAT/ACT scores be sent directly from the testing agency to the NCAA Eligibility Center, code 9999. I am responsible for requesting official transcripts to be sent from every high school I attend to the NCAA Eligibility Center.

CORE COURSE GPA (CoreCourseGPA.com):

JSerra is proud to make CoreCourseGPA web-based software available free of charge to all JSerra student athletes and their parent/guardians to assist in tracking progress toward meeting NCAA eligibility center requirements. This innovative software tracks core course requirements and incorporates the JSerra NCAA recognized core courses into their online course entry form. Student's core course information is saved for the duration of their high school career. It is the student and parent/guardian's responsibility to check on the NCAA requirements to ensure the student is eligible. Students are also responsible to complete all NCAA Eligibility Center requirements.

UNOFFICIAL TRANSCRIPT AUTHORIZATION:

Coaches and colleges may contact JSerra for unofficial transcripts of prospective student-athletes. I authorize JSerra Catholic High School to release unofficial transcripts to colleges and college athletic recruiting agents. I understand that recruiters will have access to all information on the transcript including: name, address, telephone number and academic history. My signature also authorizes the coaching and administrative staff of JSerra Catholic High School to discuss, e-mail, fax or mail unofficial grade reports for the purpose of athletic eligibility, scholarships or admissions. The JSerra transcript does not include standardized test scores (i.e. PSAT, SAT, ACT). This release shall remain in effect until the student graduates.

I certify that I have read and agree to the statements outlined above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR IN THE
COUNSELING OFFICE 949-493-9307 SDEVER@JSERRA.ORG**