



## COLLEGE UNDERGRADUATE TRANSCRIPT REQUEST FORM

Please forward a current official transcript in a sealed envelope by February 21, 2017 to:  
(International students should submit official documents/reports that show examination results/grades)

**The Dover Sons and Daughters Scholarship Program**  
**PO Box 648**  
**Naperville, IL 60566**

Overnight deliveries (FedEx, DHL, etc) should use the following shipping address:  
**The Dover Sons and Daughters Scholarship Program**  
**552 S. Washington Street, Suite 202**  
**Naperville, IL 60540**

Applicant Name	Student ID#		
Applicant Phone Number	Applicant Email		
Employee (Parent Name)	Dover Operating Company	City	Email

## STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student if he/she is 18 years of age or older, or the consent of his/her parent if the student is under the age of 18.

Therefore, to complete The Dover Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the school official completing SECTION B of this form.

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son or daughter) requested below and contained herein to properly complete The Dover Foundation Sons & Daughters Scholarship Program Application."

Applicant Signature	Date
Parent /Guardian Signature (if applicant is under 18 years of age)	Date