

TRANSCRIPT REQUEST FORM

Pg. ____ of ____

PLEASE CIRCLE ONE: COLLEGE APPLICATION SCHOLARSHIP APPLICATION

Directions: 1. Print all information clearly
2. Fill out one (1) form for each college or scholarship
Please note: This request may take up to 10 School Days to be processed

Deadline: _____
For Office Use Only

Student Name: _____ Student ID#: _____

**I request that the following information be sent to the college or scholarship named below:
(INDICATE THE INFORMATION REQUESTED BY CHECKING THE APPROPRIATE LINES)**

Are you using the Common Application? Yes _____ No _____

_____ Transcript

_____ SAT Scores Dates of SAT _____

_____ ACT Scores Dates of ACT _____

_____ College Mid Year Report Form (submitted with this request)

_____ Mid Year Report Card

_____ Secondary School Report (submitted with this request)

_____ Counselor Letter of Recommendation

_____ Teacher Letter of Recommendation and/or Evaluation Teacher's Name _____

_____ Teacher Letter of Recommendation and/or Evaluation Teacher's Name _____

_____ Other (Please specify) _____

PLEASE MAIL THE ABOVE INFORMATION TO:

NAME OF COLLEGE/SCHOLARSHIP: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

_____ Date of Request _____ Deadline

_____ Student Signature

_____ Parent/Guardian Signature



FOR OFFICE USE ONLY:

Received by: _____ **Counselor Name:** _____ **Date Mailed:** _____