

TRANSCRIPT REQUEST

*Attach \$1.00 for each transcript requested (no personal checks)

Student Name _____ Grade _____

Guidance Counselor _____

Date of Request _____ ***NOTE: An Authorization to Release Records form must be on file.**

Names & addresses of the colleges or organizations to which your transcript should be sent:

1) Name _____

Address _____

Your intended major at this college: _____

Application Deadline: _____ Circle one or both: 1. Counselor Letter Required
2. Secondary School Report Required

Please check below:

- a) Waiting for Teacher Letter from _____
- b) Applying Online _____
- c) Sending Application Myself _____
- d) Sending Application Through Guidance _____ Date of appt. w/ counselor _____

2) Name _____

Address _____

Your intended major at this college: _____

Application Deadline: _____ Circle one or both: 1. Counselor Letter Required
2. Secondary School Report Required

Please check below:

- a) Waiting for Teacher Letter from _____
- b) Applying Online _____
- c) Sending Application Myself _____
- d) Sending Application Through Guidance _____ Date of appt. w/ counselor _____