

REQUEST FOR TRANSCRIPT

NAME: _____ **COUNSELOR:** _____ **DATE:** _____

If this is your first request, please allow **15 school days** from date submitted for materials to be sent.

For subsequent requests, please allow **5 school days** from date submitted for materials to be sent.

I hereby request the Guidance Office to send a transcript of my high school records and other supporting documents to:

College Name and Address:

College Name _____

City _____ State _____ Zip _____

Please circle one from each line:

> I am applying by:

Common App Coalition App School App

> I am applying:

ED EA REG ROLL

> I understand I am responsible for sending my SAT/ACT scores: **YES NO**

> College deadline: _____

> Date you submitted your app: _____

I have personally asked the teachers below to write my Letters of Recommendation YES NO

1. _____

2. _____

Guidance office use only:

Sent on: _____ Initials: _____

College Name and Address:

College Name _____

City _____ State _____ Zip _____

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