

TRANSCRIPT REQUEST FORM

This form is to be used for **ALL** requests for transcripts and supporting documents.

Student Name _____ Counselor _____

College/Agency Name and Address _____

*****Please attach proof of your completed application (usually an email is sent by the college/agency saying "thank you for applying").**

I applied _____ Common App (Online) _____ School App (Online) _____ Paper (Mail)

FEE WAIVER: _____ (Check if this APPLIES ONLY)

College deadline _____

I applied _____ Early Decision _____ Early Action _____ Regular _____ Rolling _____ Priority/VIP

- Please include the guidance counselor letter of recommendation (already on file): _____
- Please include the following teacher letters of recommendation (already on file):

1st choice _____ 2nd choice _____

*****Check Naviance before coming to guidance to see that recommendations are completed.**

Please include the following additional documents:

*****You must send Standardized Test scores to colleges directly from the testing agency.**

College Board (SAT's) www.collegeboard.com ACT – www.actstudent.org

****Please submit this form to Mrs. Jacoby at least 2 weeks before application deadline****

FOR OFFICE USE ONLY

Received _____

Sent _____