



## OFFICIAL TRANSCRIPT REQUEST FORM

**PLEASE SUBMIT THIS FORM IMMEDIATELY AFTER YOU APPLY TO A COLLEGE**

NOTE: High School CEEB Code #311-367

Name: \_\_\_\_\_ HR: \_\_\_\_ Counselor Name: \_\_\_\_\_

Indicate college where ***official*** transcript must be sent:

\_\_\_\_\_

Is this your 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ or other \_\_\_\_\_ My application was sent on: \_\_\_\_\_

<b>Purpose of Request:</b> <input type="checkbox"/> College Application <input type="checkbox"/> Scholarship Purposes <input type="checkbox"/> Athletic Program <input type="checkbox"/> Other	<b>Please Select One:</b> <input type="checkbox"/> Common Application <i>**School must be listed on commonapp.org for transcript to be sent electronically</i> <input type="checkbox"/> School Application/Coalition	<b>Please Select One of the Following:</b> <input type="checkbox"/> Early Decision <input type="checkbox"/> Early Decision II <input type="checkbox"/> Early Action <input type="checkbox"/> Restrictive Early <input type="checkbox"/> Regular Decision <input type="checkbox"/> Priority <input type="checkbox"/> Rolling <input type="checkbox"/> Other
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***PLEASE INCLUDE FOR YOUR COUNSELOR:***

- Transcript Fee: \$5.00 per each transcript requested
- Letters from outside source (Employer, Coaches, etc.)
- Other \_\_\_\_\_

***Due to school closing/Christmas Holiday, January 1<sup>st</sup> transcript requests must be in Guidance Office by December 18<sup>th</sup>***

**Teacher Letter of Recommendation**

Priority #1 Teacher	
Priority #2 Teacher	

**Note: Counselor recommendation and mid-year reports will be sent to colleges unless otherwise noted here:**

Reason: \_\_\_\_\_

**OFFICE USE ONLY**

Submitted	Entered	Processed	Sent Via	Paid		Receipt
			<input type="checkbox"/> Electronic <input type="checkbox"/> Mail	Amount	Method	