

TRANSCRIPT REQUEST FORM

This form is to be used for all requests for transcripts. Official transcripts are mailed to other institutions only. They will not be given to students or parents. Allow at least two weeks for processing. Due to the number of students we usually cannot honor same-day requests.

Student Name _____ Home Room _____

HR Teacher Name _____ Counselor _____

College/University/Agency to receive the transcript _____

Address _____

Date application must be received by the college. _____

Are you applying Early Decision _____ Early Action _____ Rolling Admission _____ Regular Decision _____

Is the application fee enclosed __yes __no Transcript Fee(\$3.00) Enclosed __yes __no _____

Is this transcript for a __online application _____ paper application _____ Common application _____ Scholarship _____

The following documents are included with my application

Recommendations from _____

Resume _____

Essay _____

Mid year report form _____

Teacher evaluation form _____

Guidance Counselor form _____

Special request/directions:

****Requests for transcripts are processed in the order in which they are given to the Registrar. When researching college due dates, be sure to allow at least two weeks for transcript processing and the U.S. Mail. We are not responsible for transcript requests received in our office that do not allow sufficient processing time. ****

Student Signature _____

Date received by registrar _____

Date mailed _____