

Name: _____ Date: _____

Counselor: _____ College: _____

Transcript Request Form

No Charge for Postage

Choose One- Completed Application:

☐ I applied online. Date applied: _____

☐ Completed application is attached along with a check to the college to cover the application fee.

Choose One- Teacher Recommendations:

☐ I do not need teacher recommendations for this application.

☐ I have attached the teacher recommendations that need to be sent with the transcript.

☐ I have requested recommendations from the following teachers who will give them to you within two weeks. I will remind the teachers and thank them for their help. _____ & _____

Please check one if the following statement(s) apply to you:

☐ Counselor or secondary school report is attached if required.

☐ I used a SAT fee waiver for at least one exam and need you to send a college application fee waiver with the transcript.

*****Remember to please allow TWO weeks for processing once we receive your request in the guidance office.**