

Transcript Request Form

Instructions:

1. Complete this form for **ONLY** those schools that do **NOT** use the Common Application.
2. Please provide a **complete and accurate address** for the college or university. The address you list here is the address that will be used to mail your documents, so accuracy is important!
3. Plan ahead! Allow at least 2 weeks for your counselor to process this request.

Student Name: _____

Date Form Given to Counselor: ____/____/____

Counselor: Ms. Hempel (A-He) Ms. Lombardozzi (Hi-McD) Ms. Vari (McG-Z)

Name of College: _____ Application Deadline: ____/____/____

Type of Application: Early Action Early Decision (binding) Regular Rolling Other

Complete Mailing Address: _____

Documents Required: Transcript Counselor Recommendation Other: _____

Special Instructions:

Name of College: _____ Application Deadline: ____/____/____

Type of Application: Early Action Early Decision (binding) Regular Rolling Other

Complete Mailing Address: _____

Documents Required: Transcript Counselor Recommendation Other: _____

Special Instructions:

Important Reminders for Students:

1. Did you send standardized test scores via College Board or ACT? (The student is responsible for sending all standardized test scores.)
2. Did you have your college application essay proofread by a teacher or counselor?
3. Did you request that 1 - 2 teachers write recommendations for you? (Be sure to give them at least 2 - 3 weeks to complete recommendations.)
4. Have you checked to be sure that all applications and required supplements have been sent?
5. Have you paid your application fees?