

# Transcript Request Form

I give permission for letters of recommendation and transcripts to be sent on my behalf. These documents will be submitted and kept by the colleges without my review. \_\_\_\_\_ yes \_\_\_\_\_ no

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date Form Given to Counselor:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Counselor:**     Mrs.Hempel (A-F)     Ms. Lombardozzi (G-O)     Mrs. Gauthier (P-Z)

|   |                                      |
|---|--------------------------------------|
| Name of College: _____  | Application Deadline: ____/____/____ |
| Type of Application: <input type="checkbox"/> Early Action <input type="checkbox"/> Early Decision (binding) <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/> Other |                                      |
| Complete Mailing Address: _____   |                                      |
| _____   |                                      |
| _____   |                                      |
| Documents Required: <input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation <input type="checkbox"/> Other: _____   |                                      |
| Special Instructions:   |                                      |

|   |                                      |
|---|--------------------------------------|
| Name of College: _____  | Application Deadline: ____/____/____ |
| Type of Application: <input type="checkbox"/> Early Action <input type="checkbox"/> Early Decision (binding) <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/> Other |                                      |
| Complete Mailing Address: _____   |                                      |
| _____   |                                      |
| _____   |                                      |
| Documents Required: <input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation <input type="checkbox"/> Other: _____   |                                      |
| Special Instructions:   |                                      |

## 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 each admissions office.
3. Plan ahead! **Allow at least 2 weeks for your counselor to process this request.**

## Please initial below

\_\_\_\_\_ I understand that I am responsible for sending standardized test scores directly via College Board or ACT