

DHHS REQUEST FOR TRANSCRIPT (Blue Form)

College Deadline: _____
(as it appears on the application)

School Counselor: _____
(name)

Note: In order to meet the above listed deadline, we will require **at least three weeks' notice** (see below).

Student's Legal Name: _____

Student's Email Address: _____

I, _____ give my permission to DHHS to send transcripts and supporting materials to the college, scholarship, or coach listed below.
(Parent/Guardian signature if under 18 only)

NAME AND FULL ADDRESS (including zip code) of the COLLEGE, UNIVERSITY or SCHOLARSHIP:

School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

APPLICATION TYPE, CIRCLE ONE: Common Application School Specific Other

PLUS
CIRCLE ONE OF THE FOLLOWING: Early Decision Early Action Regular Decision Rolling Admission

PLEASE INCLUDE THE \$2.00 FEE

This form is due: If turned in later than due date, the department cannot guarantee to meet the student application deadline.

Fall 2018
College Deadline:

October 15
November 1
November 15
December 1

Due to Guidance
Secretary by:

September 24
October 11
October 25
November 9

Winter 2019
College Deadline:

January 1
January 15
February 1

Due to Guidance
Secretary by:

December 11
December 18
January 11

STUDENT REMINDER: I (the student) _____ have or will complete the following:

_____ SAT/ACT scores have been requested (from College Board or ACT)
_____ I have requested this transcript in NAVIANCE
_____ I have requested teacher recommendations (if needed)

Please indicate the teachers you have contacted regarding your letter of recommendations:

Teacher's Name: _____ Teacher's Name: _____

For office use:

Date Received: _____

\$2.00 postage received: _____

Date Sent: _____