



TRANSCRIPT REQUEST FORM

Today's Date: _____

Student: _____

College: _____

Personal Application Materials Submitted: Applied Date: _____

Institutional Application: Yes _____ No _____

Common Application: Yes _____ No _____

Coalition Application: Yes _____ No _____

SAT/ACT Requested: Yes _____ No _____

(SAT/ACT scores must be sent directly from the testing agency.)

Teacher Recommendations needed: Yes _____ No _____

Name: _____ Requested: Yes _____ No _____

Name: _____ Requested: Yes _____ No _____

Decision Plan

_____ Early Decision (binding)

_____ Regular Decision

_____ Early Action (non-binding)

_____ Rolling Admission

Transcript Request:

I request that the Office of College Counseling send to the institution named above a copy of my official transcript containing a list of courses and grades earned. I also understand that Porter-Gaud will provide the college with whatever additional information is requested regarding my application.

(student's signature)