

Request for Transcript

Student Name: _____ Date: _____

~Please allow two weeks for the Counseling Department to send out transcript materials~

STUDENT:

I have completed the following:

- If Common Application is used: Completed the FERPA notice**
- SAT/ACT scores have been sent (from my College Board or ACT account(s))**

PARENT/GUARDIAN:

I request that the transcript for my student be released to the institution(s) above.

Parent Signature: _____ Date: _____

Office Use:

_____ Transcript Uploaded	_____ Transcript Requested on Naviance
_____ Materials for Non EDoc Schools	_____ Parent Transcript Release E-Signed

1: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the "Common Application"

Teacher recommendations to be sent to this school:

2: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the "Common Application"

Teacher recommendations to be sent to this school:

3: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the "Common Application"

Teacher recommendations to be sent to this school:

4: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the "Common Application"

Teacher recommendations to be sent to this school:

5: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

6: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

7: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

8: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

9: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

10: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:

11: Name of School or Scholarship Program:

Date I am applying _____ Check this box if you are applying using the “Common Application”

Teacher recommendations to be sent to this school:
