

# GLEN COVE HIGH SCHOOL

## Official Transcript Request

- **Appointment must be made with school counselor to submit transcript requests**
- **Requests must be submitted 10 business days prior to college deadline date**
- **Sending official SAT and/or ACT scores are the responsibility of the student**

\_\_\_\_\_

Student Name

\_\_\_\_\_

Counselor Name

Name of Applied College:	Application Type: Early Action/ Early Decision/ Regular Decision/ Rolling/Priority/Single Choice	Applying via Common App? Y or N	Deadline Date

**Common App User ID:** \_\_\_\_\_ **Password:** \_\_\_\_\_

<b>Teachers Writing Your Letter of Recommendations:</b>	1. _____ 2. _____ 3. _____ 4. _____
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***FERPA Agreement (Family Educational Rights and Privacy Act): Must be signed before release of records***

I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf

Please select one:

I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

Office Use Only				
Items	Yes	No	Date Sent Out	Comments
Official Transcript	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Letter of Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Log in and Mail: _____ Log in and return to counselor with folder: _____				