

NORTHERN BEDFORD COUNTY HIGH SCHOOL

TRANSCRIPT REQUEST FORM

(CURRENT STUDENTS ONLY)

Please allow 3 business days for processing transcripts.

A separate form must be completed for each college or scholarship. No transcripts will be sent without this completed form.

Student Name: _____

Grade: _____

Date Transcript Request Received in Office: _____

I am requesting an:

- Official Transcript** (bears seal of the school and an authorized signature; sent directly from the school to another institution, agency, or college)
- Unofficial Transcript** (given directly to you; does not bear any authorized seals or signatures)

College, Employer, or Scholarship Program's Name:

Complete mailing address:

Application Status:

- My application was sent online.
DATE SUBMITTED ONLINE: _____
- My application was completed and mailed by me.
DATE MAILED: _____
- My application is attached to this form to be mailed by the school.

I have attached the following to be mailed with my transcript packet (if applicable):

- Application Fee
- Essay
- Counselor Form
- Letter(s) of Recommendation *(It is the student's responsibility to ask for recommendations. Give all individuals **at least** one week to complete your letter. Please have all letters of recommendation forwarded to the guidance office to be included with your transcript packet.)*

Individuals writing letters of recommendations:

1. _____
2. _____
3. _____
4. _____

- Other (please describe) _____

Additional Information (if applicable):

By signing this form, I give the School Counselors permission to forward my high school transcript and other information as requested above, to the institution indicated. If SAT and/or ACT scores are on the transcript, they will also be forwarded. Please note, however, that some institutions require "official" test scores, which you must request directly from www.collegeboard.com or www.actstudent.org.

Student's signature _____

Date _____

GUIDANCE OFFICE USE ONLY

Official Transcript: _____

Unofficial Transcript: _____

Hand-Carried: _____

Date Transcript Mailed: _____

By: _____