

Transcript was Mailed Electronically Submitted Common App Faxed Prepared for Hand-Carry on _____
(Date entered by School Counseling Office)

CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST FORM

It is the student's responsibility to submit the application and Transcript Request Form to the School Counseling Office at least ten (10) school days before the application deadline.

Student's Name: _____ Date of Transcript Request: _____

College or Scholarship Program to Receive Transcript: _____

College or Scholarship Program **Application Deadline:** _____ **(REQUIRED)**

(DO NOT LEAVE BLANK)

Your anticipated major: _____

How are you requesting your transcript be submitted?

- Common Application**
- Upload to portal/Email:** _____
- Other-** Student Self Academic Report (SSAR/SRAR)

If letters of recommendation are required for your application:

- I request a counselor letter.
- I requested a teacher letter.
 - ❖ Name of teacher: _____
 - I have asked this teacher to **give his/her letter of recommendation to my School Counselor** to be **submitted with my transcript.**
 - I have asked this teacher to **upload the letter of recommendation directly** to the Common Application/ college or program website.
 - ❖ Name of teacher: _____
 - I have asked this teacher to **give his/her letter of recommendation to my School Counselor** to be **submitted with my transcript.**
 - I have asked this teacher to **upload the letter of recommendation directly** to the Common Application/ college or program website.



STUDENT RECORD OF TRANSCRIPT REQUEST

(This portion will be returned when transcript is sent. Please keep for your records.)

Information to be completed by student:

Student Name: _____

1st Block Teacher Green Day _____ 1st Block Teacher Gold Day _____

Your transcript for _____

(name of college or scholarship)

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