

I am applying (Check one)

☐ Regular ☐ Early Action ☐ Early Decision
☐ Priority Application ☐ Rolling
☐ Immediate Decision ☐ Restrictive Early Action
☐ Scholarship or Special Program

North Arlington High School

TRANSCRIPT REQUEST FORM

College Deadline: _____
 Postmark by: _____

Student's Name _____ Date of Birth _____

Counselor _____ Class of _____ Date of Request _____

College/Scholarship Name: _____

College/Scholarship Address: _____

(City)

(State)

(Zip)

- Does the college have a Counselor Recommendation Form/Secondary School Report: (Circle) YES/NO
If you are unsure, please check the college website before handing in this form.

- If answered YES to the above question, please check one: ☐ Attaching it to this form
☐ Inviting my counselor online

In addition to your transcripts, what else needs to be sent?

When handing in this form, be sure to have attached all required documents and/or payments.

***IMPORTANT NOTE – All SAT/ACT scores must be sent by the student through www.collegeboard.com or www.actstudent.org**

☐ Application

☐ Application Fee

☐ Essay

☐ Letters of Recommendation:

Submitted Via...

Counselor _____ ☐ Attached Hardcopy ☐ Invited Online

Teacher #1 _____ ☐ Attached Hardcopy ☐ Invited Online

Teacher #2 _____ ☐ Attached Hardcopy ☐ Invited Online

☐ No additional attachments

Signature of Student

Signature of Parent
(If student under 18)

*** Official transcript and confidential recommendation letters must be mailed directly by our office.**

*** It is essential that you submit this form at least three weeks in advance of the college deadline to Mrs. Tallarida in the Guidance Office.**

For Office Use

Date Submitted to Secretary _____ By _____

Date Mailed _____ By _____

Date Given to Student _____ By _____