

Official Transcript Request Form

STUDENT NAME: _____ COUNSELOR: _____

STUDENT EMAIL: _____ DATE: _____

STUDENT DIRECTIONS:

Complete this form and meet with your counselor to review it at least ten school days prior to your deadline. For college applications, provide your counselor with the name of the college you are applying to, the application plan (early decision, early action, regular, etc.) and the due date. Please note that SHS will follow each college’s published deadlines, unless a written communication is provided by the college specifying a unique deadline. See reverse side of page for more details. For scholarship applications, provide your counselor with any forms required by the specific scholarship, and information regarding mailing.

College/ University	Common App? Y/N	Official Due date	<u>Check only one!</u>				
			<u>ED</u>	<u>EA</u>	<u>Rolling</u>	<u>Regular</u>	<u>Priority</u>

STUDENTS ARE RESPONSIBLE FOR SENDING ANY STANDARDIZED TESTING (SAT, ACT OR SUBJECT TESTS)

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by all institution(s) to which I am applying. I further authorize the admission officers reviewing my application; including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf. I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf after matriculating, unless at least one of the following is true: 1. The institution does not save recommendations post-matriculation. 2. I waive my right to access below, regardless of the institution to which it is sent:

___ **Yes**, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

___ **No**, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I’m enrolling, if that institution saves them after I matriculate.

Student Signature _____ **Date** _____

Parent Signature (if student is under 18) _____ **Date** _____

Note that this signed FERPA waiver will be applied to any additional transcript requests by the student.

