

Transcript Request

(Current Seniors only)

Today's Date: _____

Student ID# _____

Student's Name: _____

Student Cell Phone # (REQUIRED) _____

College/Scholarship Name: _____

Complete **Mailing** Address: _____

- The request must be turned in **2 weeks** before the deadline.
- Complete one Transcript Request for EACH College or Scholarship.
- All official transcripts must be mailed from MCCHS.
- If you need overnight mailing services, you must provide proper packaging and postage and arrange for pick up at the high school by the appropriate overnight service.

DO YOU NEED A COUNSELOR RECOMMENDATION?

- You must give **TWO (2) WEEKS NOTICE** for a recommendation.
- Turn in the Recommendation Student Information Form to your counselor.

SCHOLARSHIP DEADLINE: Due Date: _____

OFFICIAL COLLEGE APPLICATION DEADLINE:

_____ Regular Admission: Due Date: _____

_____ Early Action (nonbinding) Admission: Due Date: _____

_____ Early Decision (binding) Admission*: Due Date: _____

*Attach binding agreement signed by student, parent, and counselor.

_____ Other: Due Date: _____

===== FOR OFFICE USE ONLY =====

_____ Mailed _____ Electronically sent

_____ Transcript _____ Counselor Rec Letter

_____ Schedule _____ SSR _____ School Profile

_____ Application Waiver Form Waiver #: _____

_____ Other: _____

Date: _____