

## Transcript Request Form

### Baldwin High School - Guidance Department

Student Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\***Remember:** You Must have sent your application and test scores (if required) before submitting this form.\*\*\*

<u>NAME OF COLLEGE</u>	<u>DEADLINE - Write in date</u>				<u>APPLICATION TYPE</u>			<u>TEACHER LETTERS</u>	<u>DATE SENT</u>
	EARLY ACTION	EARLY DECISION	REGULAR	ROLL	COMM APP	SUNY APP	COLLEGE'S APP	# Of LETTERS	TEACHER NAMES

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Miscellaneous:**