

TRANSCRIPT REQUEST FORM

THS SAT/ACT School Code: 070770

Phone: (860) 314-2777

Fax: (860) 585-4070

Student's Legal Name: (please print clearly) _____

Counselor: (circle one) Mrs. Lusitani Mr. McGowan Today's Date: _____

Full College Name, City, State:

1) This transcript request is:

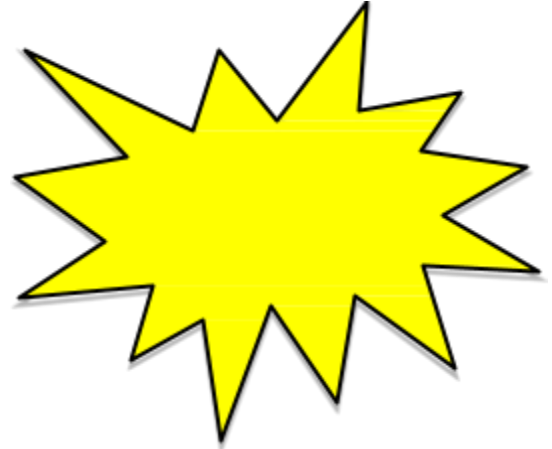
___  **COMMON APP** Electronic Submission

(Make sure this school is added to your common app account)

___  **DOCUFIDE** Electronic Submission

___ **OTHER**

(PLEASE SPECIFY)



College Deadline:

2) I have completed the following:

___ I have moved this college to "colleges I'm applying to" list in Naviance

___ I have requested my transcript in Naviance

___ I have verified that my requested teacher recommendations and Common App Teacher Evaluation Form have been uploaded into Naviance

3) ___ I have/will request my SAT/ACT scores from College Board or ACT (THS WON'T SEND SCORES)

4) Please specify the last name of the teacher(s) whose **recommendation** you would like sent to this college/university. List names in **order of preference**.

1. _____ 2. _____

This college requires a counselor recommendation: (circle one) Yes or No
(REQUIRED FOR ALL COMMON APP SUBMISSIONS)

Student's Signature _____ Parent's Signature _____

F/R LUNCH ☐

This form is due to the school counseling office at
least 2 weeks prior to the college deadline

With your request, the Counseling Office will send the following information:

- Transcript including:
 - Report Card
 - Senior Schedule
- Secondary School Report
- Recommendations
- Teacher Evaluations
- School Profile

*The office will automatically send out your most recent grades and mid-year grades to all schools to which you have applied.