

ELIZABETH FORWARD HIGH SCHOOL**TRANSCRIPT REQUEST FORM**

Student Name: _____ Year of Graduation _____

1. *Transcript requests require a minimum of 10 school days for processing.*
2. *Students are responsible for having College Board or ACT send **official** scores to each college. Counselors will include unofficial scores along with the transcript only if indicated below.*

_____ Authorization is granted for release and/or faxing of my high school transcript or information therein to ANY educational institution, scholarship committee, athletic inquiry, or prospective employer upon their request.

_____ I am seeking an *unofficial transcript*.

Student Signature (Required if student is 18 or older)		Date	/ /
Parent Signature (Required if student is under 18)		Date	/ /

√ INDICATE THE FOLLOWING:	√ INDICATE THE FOLLOWING:	
I have submitted an electronic transcript request via:		Unofficial SAT Scores
<input type="checkbox"/> Common App		Unofficial ACT Scores
<input type="checkbox"/> Coalition App		
<input type="checkbox"/> SendEdu		
<input type="checkbox"/> Other: _____		

Please note any additional items or special instructions to accompany transcript processing.

PLEASE TURN OVER TO PAGE 2

TRANSCRIPT TO BE SENT TO:		Date Request Received (Counselor use only)	Date Request Completed (Counselor use only)
School / Agency / Scholarship Committee	To the Attention Of: Address:		

<i>Do Not Write Below – For Guidance Office Use Only</i>			
Date Request Completed	/ /	Signature	
√ Transcript sent via:	Mail _____	Fax: _____	Email: _____ Electronic Upload: _____