



**CENTRAL MOUNTAIN HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

Student Name (print neatly: Last, First, Middle Initial)

Student ID #

Student **KCSD** Email Address: _____

I request that Central Mountain High School release my official records (my child's official records) to the college(s) listed below. The parent signature is only required once for the initial transcript request. Once this form is on file, students may submit additional requests without submitting additional parent consent. If a student wants to remove a school from their request form, please email Ms. Jarrells, Counseling Secretary at ajarrells@kcsd.us.

Student's Signature

Date

Parent's Signature

Date

Please check one:

Yes, I waive my right to review or have copies of any letters of recommendation written by my counselor (highly recommended).
 No, I do not waive my right to review or have copies of any letters of recommendation written by my counselor (colleges will be notified).

Please Note: You have the option for Central Mountain High School to send your (SAT) to colleges or you can request them online via College Board (www.collegeboard.com). You must request to send other Standardized Test Scores - ACT (www.actstudent.org) or TOEFL (<https://www.ets.org/toefl>) directly to the college.

Please check one:

Yes, I would like to include my SAT scores on my transcript.
 No, I do not want my SAT scores to be on my transcript.

Check the items below before you email or physically turn in this form to the Counseling Secretary at ajarrells@kcsd.us

- In order to receive a counselor letter of recommendation (if required by the college), students are responsible for completing the counselor questionnaire, which is found in Schoology, on the CMHS Student Services website or using this link:
 Student Data Sheet for Counselor Letter of Recommendation
- Self-report colleges request that students include high school courses and grades on their application. While they do not require official transcripts, CMHS requires students to submit a transcript request for these self-report colleges to ensure mid-year grades, final transcripts and other requested documents can be sent.
- ***Please allow at least 15 school days for processing and mailing transcripts. We cannot guarantee transcript delivery by your deadlines for forms that are submitted late. Please know the due dates for major college deadlines.***



CENTRAL MOUNTAIN HIGH SCHOOL
TRANSCRIPT REQUEST FORM
(School CEEB Code: 392315)

<u>Print neatly or type:</u> Name of College/Scholarship Admissions Office Address City, State, Zip Code or email address	Application Deadline Date	<u>Application Type</u> Common App Coalition App College's App Scholarship	Counselor Letter of Rec. Needed? If yes, please submit Counselor Questionnaire	Student Services Use Only	
				Date Rec'd	S E N T
	Deadline: _____	<input type="checkbox"/> Common <input type="checkbox"/> Coalition <input type="checkbox"/> College <input type="checkbox"/> Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Deadline: _____	<input type="checkbox"/> Common <input type="checkbox"/> Coalition <input type="checkbox"/> College <input type="checkbox"/> Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Deadline: _____	<input type="checkbox"/> Common <input type="checkbox"/> Coalition <input type="checkbox"/> College <input type="checkbox"/> Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Deadline: _____	<input type="checkbox"/> Common <input type="checkbox"/> Coalition <input type="checkbox"/> College <input type="checkbox"/> Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Deadline: _____	<input type="checkbox"/> Common <input type="checkbox"/> Coalition <input type="checkbox"/> College <input type="checkbox"/> Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Student Name (Last, First) _____

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