

Official Transcript Request Form

Student Name _____ Counselor _____

Student Email _____ Date _____

Directions: Complete this form and meet with your counselor to review. Form must be handed in based on your EARLIEST college deadline. Please complete both pages and sign the back.

Deadlines:

For 10/15 deadlines, this form must be handed in by 9/29

For 11/1 deadlines, this form must be handed in by 10/20

For 11/15 deadlines, this form must be handed in by 11/3

For deadlines 12/1 and later, this form must be handed in at least 10 school days before deadline

College/University Name	Official Deadline	Common App Answer Y/N	Application Type (ED, EA, RD, Rolling)

Letter of Recommendation Priority:

If you are applying to schools that limit the number of teacher letters of recommendation they will review, please rank your letters (by teacher name) in the order you would like them sent.

1. _____
2. _____
3. _____

