White Plains High School
Transcript Request/Notification of College Application

Name:_____Signature:_____Date: _____

YOU MUST TURN THIS FORM IN 2 WEEKS PRIOR TO YOUR DEADLINE. LATE SUBMISSIONS MAY POTENTIALLY DELAY SUBMISSION OF YOUR TRANSCRIPT

Student **Please fill out completely or your request will not be processed.**		Counselor Use Only
Type of Application	**School Name/Address/Common App Info**	Supporting Documents
_____Early Decision **_____Early Action** **Deadline:_____** **_____Regular/Rolling**	**School Name:_____** **How Did You Apply** **Common App:** ☐ **SUNY App:** ☐ **CUNY App:** ☐ **Other:** _____ **Have You Submitted You Application Yes or No**	_____ SSR _____ Recommendations _____ Fee Waiver Other: Sent via: _____SCOIR _____SUNY APP ____CUNY APP
_____Early Decision **_____Early Action** **Deadline:_____** **_____Regular/Rolling**	**School Name:_____** **How Did You Apply** **Common App:** ☐ **SUNY App:** ☐ **CUNY App:** ☐ **Other:** _____ **Have You Submitted You Application Yes or No**	_____ SSR _____ Recommendations _____ Fee Waiver Other: Sent via: _____Scoir _____SUNY APP ____CUNY APP
_____Early Decision **_____Early Action** **Deadline:_____** **_____Regular/Rolling**	**School Name:_____** **How Did You Apply** **Common App:** ☐ **SUNY App:** ☐ **CUNY App:** ☐ **Other:** _____ **Have You Submitted You Application Yes or No**	SSR _____ Recommendations _____ Fee Waiver _____Other: Sent via: _____Scoir SUNY APP CUNY APP
Counselor Use Only	Date Received:	Processed Date: