WILLIAM FLOYD H.S. TRANSCRIPT REQUEST FORM

Received Office Use:

This form must be completed for **EACH college you apply to & returned to the Counseling Center**

This form MUST be submitted *at least* 10-business days before the application deadline

STUDENT NAME: _____ **STUDENT ID #: _____**

COUNSELOR'S NAME: _____ **CELL PHONE #: _____**

COLLEGE NAME: _____ **COLLEGE MAJOR: _____**

➢ Type Of Application (Check One):

_____ Online ***COMMON APPLICATION*** _____Online ***CUNY APPLICATION***

_____ Online ***SUNY APPLICATION*** _____ Online ***COLLEGE SPECIFIC APPLICATION***

➢ Application Deadline: Please check one box and note the application deadline:

☐ *Early Decision or ED II	☐ Early Action	☐ Regular Decision	☐ Rolling
DUE DATE:	DUE DATE:	DUE DATE:	DUE DATE:

* ☐ **ED Agreement must be completed**

➢ Teacher Letters of Recommendation: (**List in order of preference*)

Students are required to request their letters of recommendation on SchooLinks for each college they are applying to.

Teacher 1: _____ Teacher 2: _____ Teacher 3: _____

➢ College/Scholarship Name and Mailing Address:

_____

_____

_____

_____

➢ Fee Waiver (only available if you currently qualify for free or reduced lunch): Yes: _____ No: _____

➢ STUDENT CHECKLIST:

☐ You MUST complete the FERPA and if using the Common application - you must link it with your SchooLinks account.

☐ It is *my responsibility* to submit my SAT/ACT scores to colleges. **It takes 4-6 weeks for testing agencies to process your request.**

➢ I authorize the Counseling Center to submit my transcript and above listed items to the college/scholarship noted on this form. Letters of recommendation are confidential and not for review by students or parents.

Student Signature (**required*): Date: