



REQUEST FOR OFFICIAL TRANSCRIPT

Student Name: _____ Student ID #: _____

Transcript Recipient: _____
(Name of college, scholarship, organization, military personnel, company, etc.)

Transcript must be received by (deadline date): _____

REMEMBER TO ALLOW AT LEAST 10 SCHOOL DAYS FOR YOUR TRANSCRIPT REQUEST TO BE PROCESSED!

How does your transcript need to be sent? (Check one option)

MAILED (You are responsible for mailing your transcript to the recipient. We will provide a transcript in a sealed envelope and give it back to you so that you can mail it).
YOUR TRANSCRIPT WILL BE READY FOR PICK UP NO LATER THAN 10 SCHOOL DAYS FROM THE DAY YOUR TRANSCRIPT REQUEST FORM WAS RECEIVED BY YOUR COUNSELOR. BE MINDFUL OF POSTMARK/DEADLINE DATES.

*Should a copy of your counselor recommendation be included? **YES** **NO**
*If yes, have you provided your counselor with a copy of your completed Request for Recommendation form? **YES** **NO**

*Is a counselor form required to be completed by your counselor? **YES** **NO**
*If yes, please attach a blank copy of the form. **BE SURE TO COMPLETE ANY PORTION THAT IS REQUIRED TO BE FILLED OUT BY YOU.**

SUBMITTED ONLINE

Select the online program you are using:

- Common App
- College Coalition
- Send EDU
- Other: _____

I WILL PICK UP A COPY

Student Signature

Parent Signature

COUNSELOR USE ONLY

Date Request Received: _____ Time: _____ Date submitted or ready for pickup: _____

- Items included: Transcript Other: _____
 Report Card
 School Profile
 Letter of Recommendation

Student initial & date at time of pick up