

Common Ap _____

TRANSCRIPT REQUEST FORM

Send EDU _____

Mid Year _____

Student Name _____ Class of _____ Student ID # _____

Transcript to be sent to _____

College Address _____

City/State _____

I have applied: Online In Person
I have included: Application Check \$ _____

I have requested letters of recommendation from:

1. _____ 2. _____ 3. _____

The letters will be turned into: Guidance Office Mailed Directly

Your signature below indicates your approval to release your transcript to the above school.

Signature _____ Date _____

Transcripts will include courses taken, grades, credits, class rank, GPA and SAT and/or ACT scores.

Transcript Request Form must be returned five (5) school days in advance of date transcript is needed.

Guidance Use: Date request received: _____ By: _____

Date transcript mailed: _____ By: _____