## TRANSCRIPT REQUEST FORM

\* This form must be completed for EACH application/college. Please allow 12 schools days to allow timely processing.\*

\*\*This sheet must be completed in entirety. Your application should be submitted electronically before turning in to Ms.

Cook in the College and Career Center.\*\*

Student Name:	College:		
Student Cell#:			
Application Method (check one)	Application Timeline (check one and include date)		
Common App □	Early Decision ☐ College Deadline:		
SUNY App □	Early Action □ College Deadline:		
Individual College Website □	Regular Decision □ College Deadline:		
Other 🗆	Rolling Admission □ College Deadline:		
Арт	plication Checklist		
<ol> <li>Check here once you have linked Naviance and Common App ☐     (If you did not use Common App, move to item 2)</li> <li>Check here once you have added this school to "Colleges I'm Applying to" on Naviance ☐</li> <li>Did you indicate on your application that you qualify for a fee waiver? Yes ☐ No ☐     (Counselors must verify if you said "Yes" – typically used for students on free/reduced lunch)</li> </ol>			
		<ol> <li>Official High School Transcript. Ple submitted on your behalf in February</li> <li>Do you need Letters of Recommenda</li> <li>If yes, follow the specific recteachers here:</li> <li>Does the college require a contraction</li> </ol>	quirements of the college you are applying to. Please list names of
			and SAT or ACT scores. You must have your scores sent directly from g for the SAT or ACT.org for the ACT.
give permission for my transcript and other supp commendation.	oorting documents to be sent; I waive my right to access letters of		
udent Signature Date	Parent/Guardian Signature (if under 18) Date		
Office Use Only Date Received: Date to Counselor: Additional Notes:			
Cl: Date:			