Carroll County Public Schools
Transcript Request Form

Print Name: _____ Graduation Year: _____

Student Signature:_____ Date: _____

Please check items to be sent:

____ Transcript: A transcript lists courses, final grades, courses in progress, current grades where applicable, GPA and class rank.

____ Test Scores * circle SAT ACT
*it is the student's responsibility to know if the college/university requires scores to be sent directly from the testing center.

____ PLEASE DO NOT SEND TEST SCORES

Names/Address of College Please write full name of college **NO** Abbreviations	Counselor Report	Application Deadline
1. _____ _____ _____		
2. _____ _____ _____		
3. _____ _____ _____		

Please allow 10 school days for processing.
First 3 transcripts are free of charge.
$1.00 each additional request.

Be sure to attach Secondary School Report Forms if required by the college or university.
I authorize the release of my records under the Family Rights and Privacy Act of 1974 (Public Law 93-579)