

**Transcript Request Form
2020/2021**

Date Transcript Sent: _____

Date of Request: _____

Name of Counselor: _____

Student's Name (First and Last – please write neatly):

Phone Number or Email Address:

Birth Date:

Transcript Information

Type of Transcript Needed:

_____ Official (sealed in an envelope)

_____ Unofficial

Test Scores:

_____ Include SAT Scores

_____ Include ACT Scores

It is the student's responsibility to know if the college/university requires scores to be sent directly from the testing center. (SAT: www.collegeboard.com or ACT: www.act.org)

_____ Please DO NOT include my test scores

**College
Application Deadline:**

_____ (Please allow **10 school Days** for Processing)

Delivery Method:

_____ Will Pick up From Guidance

_____ Please mail to address below

_____ SENDEdu app or other online service.

Application Type:

_____ Regular

_____ Early Action

_____ Early Decision

Name of College:

Mailing Address: Please make sure the address is complete!!

Payment:

First 3 transcripts are free. There is a \$2.00 Fee for each additional transcript. Paid: _____

Please look over your college or scholarship application before filling out this section!

_____ Please include the secondary report **if one is required** by the college or university. (examples: SENDEdu, Counselor report etc.)

_____ My personal profile is attached (counselors need this to complete forms and write letters)

_____ Please include the following teacher/staff recommendation letters with my transcript:

I authorize the release of my records under the Family Rights and Privacy Act of 1974 (Public Law 93-579).

Student Signature: _____ **Date:** _____