

# SCHS TRANSCRIPT REQUEST FORM

Official Use: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Received Date: \_\_\_\_\_

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Transcript:** Contains completed courses, final grades, weighted and unweighted GPA and class rank, and class schedule.  
 Signing this forms authorizes SCHS to send your transcript UNSECURE electronically to the college(s) listed below.  
 The student shall have SAT / ACT scores sent directly from the testing agency to the college(s). (www.collegeboard.org OR [www.actstudent.org](http://www.actstudent.org) )

**To complete the Transcript Request process, students must submit:**

- SCHS Transcript Request Form
- Attach completed Secondary School Report or Counselor Recommendation Form, if required (Found on the college website.)
- Completed SCHS School Credential Sheet – Self Assessment (only submit with **first** transcript request)

Name & Address of College Or Unofficial/Official for Pick Up	√ if need a Counselor Letter of Rec.	Write Application Type (Ex. Coalition, Common App, School specific- online or mail)	College Application due date	Office Use Only
1. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up
2. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up
3. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up
4. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up
5. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up
6. _____ _____ _____				Date Sent: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Web Portal <input type="checkbox"/> Comm App <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up

**Please allow 10 school days for processing.**

First 3 transcripts are free of charge.  
 \$2.00 each additional request.  
 \$5.00 each for graduates or withdrawn students.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date