

Transcript/Student Records Request

Student Name:			. · ·	· · · · · · · · · · · · · · · · · · ·	Date of Birth:	_//		
Phone: ()		Couns	selor:					
E-Mail Address:	ail Address:					Graduation Year:		
Teachers Writing Your Letters o	f Recommendation	;	*					
College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other (List below)	City in which College is Located	Application Deadline Date	Application Deadline Type* (EA, ED, Priority, Regular, Rolling, etc.)	Are you using the Common App?	Do you need a Counselor Letter of . Recommendation (Y or N)	For OFFICE USE Only		
						Electronic Submission or Mailed Date		
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	· ·							
Date of Request:					Paid?			
elease of Student Records he law requires that schools rec ear reports and other student r	ceive written permi	ssion signed b	by the parent/gua	erdian befo	re transcripts, inclu	ding mid		
give approval to have transcript bove when a request to do so is			t by U.S. Mail ort	ransmitted	electronically to th	nose listed		
ignature of Parent/Guardian:				<u>. </u>	Date://	/		
tudent Signature:								
ees: Current Students: first 3 tra Graduates: \$4 per transcript	anscripts: no cost; a	dditional tran	scripts (4+): \$2 ed					
Please allow 20 school days to process transcript requests.				*Consult your application or Naviance to confirm type and match to deadline date:				

EA=Early Action (usually non-binding)
ED=Early Decision (usually binding)

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