



OFFICIAL TRANSCRIPT REQUEST FORM FOR COLLEGE APPLICATIONS

STUDENT NAME _____

DATE _____

NAME OF POST SECONDARY INSTITUTION _____

CITY, STATE _____

PARENT OR ADULT STUDENT’S (18 or older) SIGNATURE _____

Date You Completed Your Application: _____ College Application Deadline: _____

Application Type:

College Specific: _____

Common Application: _____ Student Common Application Email Address: _____

Application Plan: Regular Decision ____ Early Decision ____ Early Action ____ Instant Decision* ____

PLEASE SEND THE ADDITIONAL INFORMATION TO THE ABOVE ADDRESS:

____ Recommendations Teacher/Recommenders Name _____

Teacher/Recommenders Name _____

____ Essay

____ Academic Resumé (must be emailed directly to your school counselor)

____ Other _____

STUDENT CHECKLIST:

____ I have provided my counselor *10 working days* to complete this request

____ I have linked my common application and family connection account (if applicable)

____ I have sent my SAT/ACT scores directly from College Board and/or ACT

OFFICE USE ONLY:

Date Received _____ Date Sent _____