

Please complete one card per request and allow 10 school days for processing.

Name: _____

Send transcript to:

College: _____

Address: _____

Check one:

- send transcript alone
 send transcript with counselor's part of application (attach form to request)
 college requires counselor's part and transcript to be sent w/application (return to student, sealed)
 send transcript w/letter from _____ (student must request letter from teacher)

Student signature

Check one:

- Regular admission
 Early decision
 Early action
 Rolling admission
Application deadline: _____

Parent signature

For office use only:

Request received _____ Mid-year transcript sent _____
Initial transcript sent _____ Final transcript sent _____
Decision A D WL

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