

College/Scholarship/Transcript Request

Student Name: _____

Date Submitted to Guidance Office _____

College/Organization	Date Needed	College/Organization	Date Needed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For materials requiring a counselor recommendation or student profile, allow **20 school days** and schedule an appointment with your counselor.

For a transcript only, allow **5 school days**.

Number of transcripts needed: _____

Transcripts are \$4.00 each and must be paid at the time of request.

Amount Paid: \$_____ Initials of person collecting: _____

*

Date completed by Counselor: _____

Your sealed envelope contains: transcript, last report card, school profile
Letters of recommendation are mailed directly by the counselor in the stamped,
addressed envelope(s) provided by the student.

Student Signature

Date Picked Up

