

TRANSCRIPT REQUEST FORM

This form must be completed for EACH application/college

PLEASE ALLOW 12 SCHOOL DAYS TO GUARANTEE TIMELY PROCESSING

First and Last Name: Click or tap here to enter text.

College/Scholarship/Organization: Click or tap here to enter text.

Application Method (check one)

Common App*

*If you used Common App, did you link Naviance to Common App? Check here when complete

SUNY App

Individual College Website

Other _____

Application Timeline (check one) AND include deadline

Early Decision Deadline: _____

Early Action Deadline: _____

Regular Decision Deadline: _____

Rolling Admissions Deadline: _____

Did you indicate on your application that you qualify for a fee waiver? Please note, your school counselor will have to verify if you qualify. Yes No

Did you add this college to "Schools I'm applying to" on Naviance? If not, please do so. We cannot process your request without this step being completed. Check here when completed

Items to be sent by IHS Counseling Center (check all the apply)

Official High School Transcript

Letters of Recommendation – Please list the last names of the specific school staff whose letters you would like sent. You should ensure you are following the specific college's requirement.

Teachers:

Counselor:

Other staff members:

Please note, if you had someone outside of IHS write you a letter, they can send it directly to the college. If you have questions, please email Jessica_Cook@westiron.monroe.edu

Test Scores – please check this box if you authorize IHS to send your UNOFFICIAL test scores. IHS will include all of the scores on record from each date taken. DO NOT CLICK THIS BOX if:

1. Official test scores are required – instead, you need to send them directly through College Board for SAT or through ACT.
2. You want to pick and choose what scores you send. Again, send them directly through College Board for SAT or through ACT.

I give permission for all documents indicated above to be sent to the listed College/Scholarship/Organization.

Student Signature

Date

Parent/Guardian Signature (if under 18)

Date

Office Use Only Date Received _____ Date to Counselor _____ Return by _____

Additional documents attached _____

Documents missing _____

Date Mailed/Hand Carried _____ CA _____ On-line _____ by: _____

CI _____ Date _____