

Application/Transcript Processing Form

Student Name: _____

Date Submitting this form: _____ Application Deadline: _____

Please Note: Counselor must be given two weeks in advance of deadline to process application.

For what purpose is this transcript being requested?

College/Organization: _____

Did you use the Common Application to apply to this school? _____ YES _____ NO

Are you applying Early Decision to this school? _____ YES _____ NO

Scholarship Application : Who needs the transcript? _____ Student _____ Following Address

Name/Organization _____

Address _____

Other (please specify): _____

Counselor will automatically send your high school transcript by your completion of this form. Are there any additional materials that must be submitted by your high school counselor (ex. Secondary School Report, letter of recommendation)?

TRANSCRIPT AND AUTHORIZATION

By completing this form you are authorizing the information on your transcript to be released to the college or organization listed on this page. I also encourage you to check on your application to make sure that your school/organization has received your materials by the appropriate date.

Signature of student (or parent) _____

Today's Date: _____

Office use only

Date materials were sent to the College/Organization: _____

Action Taken by: _____