

CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST FORM

For Office Use:

☐ M _____
☐ ES _____
☐ F _____
☐ HC _____

It is the student's responsibility to submit the application and Transcript Request Form to the School Counseling Office at least ten (10) school days before the application deadline.

Student's Name: _____ Date of Transcript Request: _____

College or Scholarship Program to Receive Transcript: _____

College or Scholarship Program Application Deadline: _____
(Do Not Leave Blank)

How are you applying?

- ☐ Common Application # _____
- ☐ Coalition Application
- ☐ Parchment / SendEdu
- ☐ Other - Student Self Academic Report (SSAR / SRAR)

- Your anticipated major _____

If letters of recommendation are required for your application:

☐ I request a counselor letter.

☐ I requested a teacher letter.

► Name of teacher _____

☐ I have asked this teacher to give his/her letter of recommendation to my School Counselor to be **mailed with my transcript**.

☐ I have asked this teacher to **upload the letter of recommendation directly** to the Common or Coalition Application, college or program website.

► Name of teacher _____

☐ I have asked this teacher to give his/her letter of recommendation to my School Counselor to be **mailed with my transcript**.

☐ I have asked this teacher to **upload the letter of recommendation directly** to the Common or Coalition Application, college or program website.

STUDENT RECORD OF TRANSCRIPT REQUEST

(This portion will be returned when transcript is sent. Please keep for our records.)

Information to be completed by student:

Student Name: _____

1st Block Teacher's Name: GREEN: _____ GOLD: _____

Your transcript for _____
(name of college or scholarship)

Transcript was ☐ Mailed ☐ Electronically submitted ☐ Faxed ☐ Submitted through the Common App/Coalition App
☐ Prepared for Hand-Carry on _____
(Date entered by School Counseling Office.)