

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 Guidance 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?

- ☐ YES Common Application # _____
☐ YES Coalition Application
☐ YES Other (You must go online to **Parchment.com** to order a transcript to this school)

- 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 Guidance 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 Guidance 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 your records.)

Information to be completed by student:

Student Name: _____

Homeroom Teacher's Name: _____

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 Guidance Office.)