Transcript was  Mailed	Electronically Submitted	ommon App	Faxed	Prepared for Hand-Carry on
				(Date entered by School Counseling Office)

## CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST FORM

It is the student's responsibility to submit the applicate Guidance Office at least ten (10) school days	
Student's Name: Date	of Transcript Request:
College or Scholarship Program to Receive Transcrip	ot:
College or Scholarship Program Application Deadline	
Your anticipated major:	(DO NOT LEAVE BLANK)
How are you applying?  Common Application  Other- Student Self Academic Report (S	SAR/SRAR)
If letters of recommendation are required for your a  ☐ I request a counselor letter. ☐ I requested a teacher letter. ❖ Name of teacher: ☐ I have asked this teacher to give my Guidance Counselor to be re-	his/her letter of recommendation to
☐ I have asked this teacher to uplo directly to the Common Applicat Name of teacher:	ad the letter of recommendation ion/ college or program website.
<ul> <li>□ I have asked this teacher to give my Guidance Counselor to be r</li> <li>□ I have asked this teacher to uplo directly to the Common Applicat</li> </ul>	ad the letter of recommendation
STUDENT RECORD OF TRAN	
(This portion will be returned when transcript is s Information to be complete	ent. Please keep for your records.) d by student:
Student Name:  1st Block Green Day  1st Block Gold  Your transcript for  (name of college or scholar	Dav
Transcript was Mailed Electronically Submitted Common App	ship)  Faxed Prepared for Hand-Carry on  (Date entered by School Counseling Office)
6/22/2022	