TRANSCRIPT REQUEST

Student's Name_____ Counselor_____

SS Number (Optional)_____ Date_____

NAME OF COLLEGE	Application Deadline	Mid-Year Grades Required? (Y or N)	Final Grades Required? (Y or N)	ADDRESS

_____
(signature)

White: Office Copy
Blue: Counselor Copy
Gold: Student Copy

PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR TRANSCRIPT