OFFICIAL TRANSCRIPT REQUEST

Name: _____I.D. #_____
Student Signature: _____ Date: _____

Send transcript to:_____
Address: _____
_____

Send by (postmark) date:_____
****PLEASE ALLOW FIVE (5) WORKING DAYS FOR PROCESSING**

Are you applying online? YES NO (Circle One)
Are you using the Common Application? YES NO (Circle One)

IF YOU DON'T KNOW WHAT THE "COMMON APPLICATION" IS, SEE THE COMMON APPLICATION INFORMATION SECTION ON OUR WEBSITE OR GO TO WWW.COMMONAPP.ORG

Check everything below to be sent with the transcript. *Everything checked must be attached to this request, in the following order*:

_____Application
____ Teacher Recommendations or Common Appl. Teacher Evaluations How many? _____
_____School Counselor Recommendation or Common Application Secondary School Report
_____Application Fee (Check) or Fee Waiver
____ Essay
____ Resume'
____ Other – Explain: _____

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