# 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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