

REQUEST FOR TRANSCRIPT

Name: _____ Counselor: _____

Name of College: _____ City and State (*required) _____

DEADLINES (List only one & specify date):

Early Decision Deadline _____

Early Action Deadline _____

Priority Deadline _____

Regular Admission Deadline _____

Restrictive Early Action Deadline _____

Other _____


Important information:


Are you taking a college course? Yes/No

Is this a Common Application school? (indicated by  on Family Connection) Yes/No

If it IS a Common Application school:

- Are you applying via Common App? Yes/No
(If NO, it must go by mail. See instructions below for mailing transcripts.)
- Have you put this school in your list at commonapp.org? Yes/No

If it is NOT a Common Application school, does it accept electronic delivery via Family Connection? (indicated by ) Yes/No

If NO, it must be sent by mail (). Please do the following:

- Print out this college's School or Counselor Report form and fill out and sign the top portion if applicable (our CEEB code is 210271)
- Address a 9x12 envelope to the admissions office, put 3 stamps and a WWHS return address on it. For colleges in Canada, please put 4 stamps on the envelope
- Paperclip both to this form.
- Write the mailing address here:

****TEST SCORES SHOULD BE SENT BY THE STUDENT DIRECTLY TO THE COLLEGE FROM COLLEGEBOARD.ORG OR ACT.ORG****

FOR OFFICE USE ONLY

CA ____

TR ____

MY ____

Date Received: _____

Date Sent: E/M _____

1st Sem. Grades sent ____

1st Free Transcript _____ OR Paid cash/check \$ _____