

TRANSCRIPT REQUEST FORM:

Student's name: _____ Date: _____

Guidance Counselor: (Circle) ARVANITES or BEAN Year of Graduation: _____

I request that a copy of my transcript be sent to the following institution:

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip code: _____

Application due date: _____ Send by date: _____

Applying for: (circle one) Early Action/ Early Decision/ Rolling Admissions/ Regular Admissions

Please check one of the following:

I will pick up my transcript in the guidance office and mail it myself.

I need my transcript mailed or faxed. I have provided 2 stamped addressed envelopes for mailing.

RECOMMENDATION:

If you need a counselor recommendation, you must submit a Resume to your counselor. A completed Parent Brag Sheet would also be helpful for your counselor. You must allow at LEAST two weeks from the time of request to complete.

Do you need a counselor recommendation? Yes/No

COLLEGE ADMISSIONS TESTING: Students are responsible for having their test scores sent directly to the college through Collegeboard. (www.collegeboard.org)

OFFICE USE ONLY:

Date completed: _____

Transcript request form submitted by student: _____

Transcript: _____

Recommendation: _____

Counselor signature: _____

Other: _____