College/University/Scholarship
Transcript/Counselor Recommendation Request Form

*Requests made less than 3 weeks prior to the deadline may not arrive by the required deadline.

*Please provide a stamped envelope with this form.

Student Name: _____

Date Submitted: _____

Request is for: ____College/University ____Scholarship ____Other _____

Name of College/University/Scholarship: _____

Address: _____

_____

Application Deadline: _____

Please send the following to the college/university listed above. (Check all that apply)

___ Official Transcript

___School Counselor Recommendation

___Secondary School Report (attach form if applicable)

___Other (please list)_____

The College/University I am applying to also requires the following information (Please check the appropriate lines and provide a stamped addressed envelope)

___Mid-Year Report (please attach to this form)

___Transcript sent at the end of 1st semester

_____

To be completed by School Counselor:

Date Sent to College/University/Scholarship _____

Additional Counselor Notes/Information: