

Today's Date: _____

TRANSCRIPT REQUEST FORM

Students must complete this form for **EACH** transcript request. Please **PRINT** clearly and return this form to the Guidance Department Secretary at least TWO weeks before the application deadline. Requests for transcripts with January deadlines must be turned in to the Guidance Department Secretary no later than December 8th and February deadlines must be turned in no later than January 20th.

Student Name: _____ Application deadline: _____
(For graduates, we will need your year of graduation: _____)

Along with my transcript please send the following (check the appropriate lines):

- Secondary/Counselor School Report
- Section on application for counselor to complete
- Teacher recommendation(s) -2 or 3 recommended (a separate form needs to be completed for teacher recommendations)
- Activity Sheet
- SAT test scores (This will include all test scores received by THS)
- ACT test scores (This will include all test scores received by THS)
- Do NOT include scores
- I applied online. (attach confirmation)

Please PRINT LEGIBLY the name and full address of the college/university.

Send to: _____
Address: _____

Official transcripts MUST be sent directly by THS to the recipient.

I authorize THS to release my transcript and any other relevant school records to the above address.

I understand that counselor recommendations are confidential and hereby:
 waive access to them do not waive access to them

I acknowledge my obligation to be honest with my college counselor and with the colleges to which I am applying.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

For Guidance Office use only:

Date sent: _____

Midyear Report: yes no

Confirmation received: _____

Decision: Accept/Deny/Waitlist