

# Official Transcript Request

Sullivan

Malcolm  
Counselor (circle one)

Date to send materials: \_\_\_\_\_

*Please submit 1 form for each date that you are submitting application materials.  
Please turn this form into your counselor at least one week prior to your send date.*

Name: \_\_\_\_\_

Please complete the college(s) you are applying to and the applicable deadlines for each school.

Note: EA= Early Action, ED= Early Decision Please be sure to check applicable boxes.

Please check the box if you are applying via Common Application for each school.

College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				
College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				
College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				
College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				
College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				
College: _____	Deadline _____	EA <input type="checkbox"/>	ED <input type="checkbox"/>	Applying Common App ? <input type="checkbox"/>	if Yes
	Due Date				

Please remember that you must send "official" SAT/ACT scores directly to colleges from the testing service (College Board or ACT).

Additional forms are available in the School Counseling Office, please be sure to pick them up for any additional send dates.

## Counselor/Teacher Recommendations

- Indicate which letters of recommendation you have requested and would like sent below
- Note how many recommendations the college requires – be sure to check!
- If application is not Common App – it is student's responsibility to include any forms required.

Teacher/Counselor Recommendations:

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional forms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Guidance Office Use Only:

Blue permission form submitted \_\_\_\_\_

FERPA Consent on Family Connection \_\_\_\_\_

#### Online Application:

\_\_\_\_\_ Transcript  
\_\_\_\_\_ Profile  
\_\_\_\_\_ Recommendations  
\_\_\_\_\_ Common App. Forms

#### Paper Application:

\_\_\_\_\_ Transcript  
\_\_\_\_\_ Profile  
\_\_\_\_\_ Quarter Grades  
\_\_\_\_\_ Return Postcard

\_\_\_\_\_ Naviance

Date sent: \_\_\_\_\_ Initials: \_\_\_\_\_