

TRANSCRIPT REQUEST FORM

(Allow 2-3 weeks for processing)

College Name _____

Student Information:

Last name _____ First Name _____

Current grade _____ Advisor _____ Counselor _____

Student Signature _____ Date _____

Office Use:

Date received _____

College Application Fee:
Yes ___ No ___

Secondary School Report:
Yes ___ No ___

NACAC Report:
Yes ___ No ___

Date Mailed _____

Date Picked up _____

Notes: _____

Mail Transcript to:

College Name _____

Street _____

City _____ State _____ Zip Code _____

College deadline: _____ **Send 1st semester grades?** Yes ___ No ___

Did you apply for? (check one) Early Decision ___ Early Action ___ Regular Decision ___
Rolling ___ Priority ___

SEND MY NATIONAL TEST SCORES: YES NO

Letters of recommendation:

1. _____

2. _____

Office Use:

Notified / Mailed

1. _____ / _____

2. _____ / _____

Fee: \$5.00 per transcript (for the first 7 requests); \$10.00 per transcript (8th request and above). One check can be written for multiple transcript request forms that are submitted at the same time. Quarter, semester, and final grades are mailed at no charge.

There is no charge for: an NCAA transcript; for a transcript mailed to another high school; nor for a transcript requested by Paul VI graduates.