



TRANSCRIPT REQUEST FORM
PROCESSED IN THE ORDER – ONLY FOUR REQUESTS AT A TIME

Date: Student Name:

Student ID: Postmark Deadline:

I am requesting

- ☐ Official transcript mailed to a College or University
- ☐ I have attached Official Documentation Request form
- ☐ Counselor recommendation letter (requires two weeks' notice)
- ☐ Counselor portion of application (**student must provide the copy if requested to mail; two weeks' notice**)

Please Read: OFFICIAL TRANSCRIPT CANNOT BE GIVEN TO A STUDENT. THEY MUST BE MAILED DIRECTLY TO A COLLEGE OR UNIVERSITY. **PLEASE ALLOW FIVE DAYS FOR PROCESSING**

I HAVE READ THE ABOVE NOTICE AND AGREE TO ITS TERMS: (INITIAL)

Mail Transcript to:

First Request

Common App SENDedu Mail

Third Request

Common App SENDedu Mail

Name of College/University/Business

Name of College/University/Business

Address

Address

City State Zip

City State Zip

Second Request

Common App SENDedu Mail

Fourth Request

Common App SENDedu Mail

Name of College/University/Business

Name of College/University/Business

Address

Address

City State Zip

City State Zip

Date Received by Registrar:

Date Mailed: