

(PLEASE PRINT LAST NAME)

TRANSCRIPT REQUEST FORM

SACRED HEART ACADEMY

STUDENT'S NAME _____ HOMEROOM # _____

ADDRESS _____

CITY _____, STATE _____, ZIP _____

ADDRESS TO: OFFICE OF ADMISSIONS
COLLEGE NAME (OR SCHOLARSHIP NAME)

ADDRESS _____

CITY _____, STATE _____, ZIP _____

FEES: \$2.00 PER TRANSCRIPT FOR THE FIRST SIX (6) COLLEGE REQUESTS
\$5.00 PER TRANSCRIPT FOR EACH ADDITIONAL COLLEGE REQUEST
\$2.00 PER SCHOLARSHIP REQUEST (NO MAXIMUM)

PURSUANT TO SCHOOL POLICY TRANSCRIPTS ARE MAILED DIRECTLY TO COLLEGES OR AGENCIES

Notes to Counselor: _____

STUDENT SIGNATURE _____ DATE _____

COLLEGE'S DEADLINE: _____
(PLEASE ALLOW A MINIMUM OF 15 DAYS FOR PROCESSING)

PLEASE CHECK THE APPROPRIATE ITEMS:

- ___ APPLICATION FORM INCLUDED
- ___ APPLICATION SUBMITTED ON-LINE
- ___ COLLEGE APPLICATION FEE ENCLOSED
- ___ APPLICATION FEE ALREADY SENT
- ___ COUNSELOR RECOMMENDATION REQUESTED
- ___ TEACHER RECOMMENDATION(S) REQUESTED
- ___ APPLICATION IS EARLY DECISION: **BINDING**
- ___ APPLICATION IS **EARLY ACTION**
- ___ THIS IS A **COMMON APPLICATION**
- ___ SCHOLARSHIP
- ___ TRANSFER (ALUMNAE)

.....
(GUIDANCE DEPARTMENT USE ONLY)

DATE RECEIVED:

FEE:

DATE SENT:

LETTERS OF RECOMMENDATION SENT: