



# Sacred Heart Academy

## Transcript Request Form

### For College Applications

Fee of \$2.00

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

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

College City and State: \_\_\_\_\_

<u>How are you applying?</u>	<u>Which decision plan?</u>	<u>Deadline Date:</u>
0 Common App	0 Early Decision	___/___/___
0 School Specific	0 Early Action	___/___/___
0 Coalition App	0 Regular Decision	___/___/___
	0 Rolling Admissions	

Teacher Recommendations to be included are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional notes to your Guidance Counselor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**\*Please allow a minimum of 10 school days for processing\***

**\*\*Remember to send your SAT and/or ACT scores directly from the testing agencies. SHA does not send out scores due to Score Choice\*\***

For Office Use Only:

Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Method Sent: \_\_\_\_\_

Mid Semester Grades Sent: \_\_\_\_\_

Mid-Year Report Sent: \_\_\_\_\_