# Transcript Request Form

**Student Name:**_____**Student Cell #:**_____

**Date form was submitted to School Counseling:**_____

**Was your "Release of Information" form returned? Yes_____ No_____**

**Names of colleges to which you are applying:** **Is college listed in Schoolinks?**

1. _____ _____Yes _____Not yet

   _____

   Date submitted online: _____

2. _____ _____Yes _____Not yet

   _____

   Date submitted online: _____

3. _____ _____Yes _____Not yet

   _____

   Date submitted online: _____

4. _____ _____Yes _____Not yet

   _____

   Date submitted online: _____

5. _____ _____Yes _____Not yet

   _____

   Date submitted online: _____

**Supporting material to be sent to college(s):**

_____ Transcript
_____ Transfer Transcript
_____ Recommendations in order of teacher preference:
1._____
2._____
3._____