

HAVERFORD HIGH SCHOOL UNDERCLASSMEN TRANSCRIPT REQUEST FORM

ALLOW 15 SCHOOL DAYS FOR TRANSCRIPT TO BE SENT

Name: _____ Section: _____ Date of Birth: _____

Please accurately write the address where you would like your transcript sent:

Deadline Date: _____

Does your transcript request require a letter of recommendation from your Counselor?

☐ No

☐ Yes: Please see your Counselor in person to notify them.
Please complete the **Post High School Planning Reflection** and
Activities Record in Naviance.

I hereby give Haverford High School permission to release my Official Transcript to the address listed above. By checking YES above, seeing my Counselor in person, and completing the Post High School Planning Reflection and Activities Record in Naviance, I am requesting that a letter of recommendation from my Counselor be sent to the address listed above.

By signing this form, I understand that I am waiving my right to read this recommendation.

Student Signature and Date

Parent/Guardian Signature and Date
Required if student is under 18

Date Received by the Counseling Office: _____

Date Mailed: _____

Signature: _____