



GUIDANCE OFFICIAL TRANSCRIPT REQUEST

Date submitted to Guidance Office _____ Application Deadline _____

Student Name _____

Official Transcript _____ Unofficial Transcript _____

Institution/College complete name & address:

Check ALL documents that need to be included in this application:

___ Letter(s) of Recommendation(s) with teacher's name

___ Secondary School Report (Geibel Profile)

___ Student Test Scores (Student is responsible for sending original test scores from College Board or ACT)

___ Other _____

Permission is granted for release of records _____

Student's Signature

**** Note**** Please allow 10 school days for processing

Name: _____ Date Submitted to Guidance: _____

College: _____ Study Hall: _____

Date Postmarked: _____ (Counselor will complete)

Counselor Signature: _____