

Transcript/Records Request Form

Please complete and submit this form to Mrs. Ring. By your signature, you are authorizing SCS officials to release all records requested by the indicated institution. Please be sure to adhere to published deadlines to ensure precise processing.

Student's Full Name: _____
Last First Middle

Preferred Telephone #: _____

Preferred Email: _____

Social Security #: _____ Year of Graduation: _____

Institution to Receive Information

(Your request will not be processed without this information)

Complete Name of Institution: _____

Contact Person: _____

Website: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Admissions Office Telephone # _____

Provide the date materials must be received by the institution based on:

Early Decision* _____ Early Action _____

Regular Decision _____ Rolling _____

*If early decision, the counselor's early decision contract must be signed by all parties and attached.

I prefer to have the records returned to me in a signed, sealed envelope by _____

Counselor Packets

Counselor packets for students are submitted to the institution with the counselor recommendation, your transcript, test scores, current year class schedule, and a school profile. Please attach any additional forms required.

The following forms are attached:

Secondary School Report (Counselor Evaluation/Statement Form)

Mid Year Report Form (if provided)

End of Year Report (if provided)

OTHER (please specify) _____

Please check the college's
website for these forms.

Recommendations (Check all that apply)

I have requested teacher recommendations from the following teachers:

1. _____

2. _____

- The teacher is to return the letter to Mrs. Ring by _____ .
- The teacher is to send the letter to the institution by _____ .
- This application does not require teacher recommendations.

SAT/ACT Scores (Check One)

- The appropriate testing agency has sent my test scores to this institution.
- I have requested that my test scores be sent from the appropriate testing agency to this institution.
- I need to request that my scores be sent.
- I am requesting that SCS send my scores to this institution.

Student Application Submission

Please check one and enter the appropriate date:

I submitted online will submit online mailed will mail this application on _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Submitted to Mrs. Piller/SCS Guidance: _____ Date received from student: _____

Completed by Mrs. Ring/SCS Guidance: _____ Date completed & returned to Mrs. Piller: _____

- Mailed
- Emailed to _____ Date: _____
- Given