

Rocky Hill High School
Request for Transcript – To be Completed by Student

IF COLLEGE DEADLINE IS:

OCTOBER 15
NOVEMBER 1
NOVEMBER 15
DECEMBER 1
DECEMBER 15
JANUARY 1
JANUARY 15
FEBRUARY 1

**REQUEST FOR TRANSCRIPT
DUE TO GUIDANCE BY:**

OCTOBER 1
OCTOBER 18
NOVEMBER 1
NOVEMBER 18
DECEMBER 2
DECEMBER 9
DECEMBER 20
JANUARY 17

Student Name: _____ **Today's Date:** _____


Name of College/University or Scholarship AND Address: (will **NOT** be processed without an address)

College Deadline: _____ **Date Submitting Application:** _____

Application is: ____ Common App ____ Online (not Common App) ____ Hard Copy

Complete the following:

Application is for Early Decision Early Action Regular Admission Rolling

 *Grades at the end of each quarter or semester will not be automatically sent, (particularly if early deadline). You **need** to fill out an additional request if you would like them sent.*

I have completed the following:

- SAT and/or ACT scores have been, or will be requested (from College Board or ACT)
- SAT and/or ACT not needed
- I have requested transcript on NAVIANCE

List names of teacher recommendation letters to send, in order of preference (each college has specific requirements, so make sure you know the minimum and maximum number of letters accepted):

- 1) _____ 3) _____
2) _____ 4) _____

Counselor Recommendations are required for Common App. If this is **NOT a Common App, Do you need a Counselor Recommendation?** Yes No

In accordance with the Family Educational Rights and Privacy Act of 1974 and the Connecticut State Statutes, written permission is hereby granted for Rocky Hill High School to send transcripts for the student named above to all requested post-high school institutions and scholarships.

Student Signature:

Below is for office use only:

Date Received: _____ Date Sent: Hard Copy _____ Naviance _____
Transcript Sent: Initial 1st Quarter Mid-Year Final