

**SHORE REGIONAL HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

I. STUDENT INFORMATION:

Last Name

First Name

MI

II. STUDENT TRANSCRIPT REQUEST:

I am requesting that my official transcript be sent to the college/university for which I am completing application for admission as indicated below:

Name of College/University

Street Address /PO Box

Street Address Line 2

City/State/Zip Code

III. STATEMENT OF APPLICATION:

I have placed a check mark on the lines below that best describes the type of application I have completed and included the application postmark deadline to the above stated college/university:

<u>TYPE OF APPLICATION</u>	<u>APPLICATION TYPE</u>	<u>APPLICATION DEADLINE</u>
<input type="checkbox"/> Common application	<input type="checkbox"/> Regular Decision	_____
<input type="checkbox"/> Online application	<input type="checkbox"/> Rolling	_____
<input type="checkbox"/> Mailed application	<input type="checkbox"/> Early Action	_____
	<input type="checkbox"/> Early Decision	_____

(Must have signed Agreement)

IV. TRANSCRIPT PROCESSING AGREEMENT:

I understand that I must complete this form for each college/university to which I apply and that the transcript I have requested will be processed within ten (10) school days of my request.

Student Signature

Date Transcript Request Received by Counselor

REMINDER: It is the responsibility of each student to have official SAT and /or ACT college entrance examinations scores sent to any/all post-secondary institution(s) directly from College Board and/or ACT. 10/2006

FOR ALUMNI ONLY

Graduation Date/ Last Year attended Shore Regional HS: _____ Date Transcript Sent: _____