



SIMSBURY HIGH SCHOOL COLLEGE TRANSCRIPT REQUEST FORM

Fee per transcript: \$4.00 (check or cash)

STUDENT NAME: _____ COUNSELOR: _____

College Applying to: _____

Application Deadline: _____ Using Common App? ___ YES ___ NO

Are you applying? Early Decision Early Action Regular/Rolling Other

List names of individuals writing letters of recommendation to be included with this application:

1. _____ 2. _____ 3. _____

AGREEMENT:

I understand that **I must allow 15 school days for requests to be processed.** The School Counseling Office will **not** be held responsible for meeting the deadline of any request that is received fewer than 15 school days before the college's deadline.

Your transcript, letters of recommendation, Secondary School Report and School Profile are included in the packet sent to each college. Mid-Year transcripts are automatically sent to all active college applications and your final transcript will be sent to your attending college.

Student Signature: _____ Parent Signature: _____

Application Process

<u>Student Sends</u>	<u>School Counselor Sends</u>	<u>College Board / ACT</u>
Completed Application Application Fee Essay(s) SAT/ACT Scores <i>(from testing service)</i>	Transcript Recommendation(s) School Profile/Secondary School Report 1st Quarter Grades (only if requested) Mid-Year Grades Final Transcripts at end of year	Test Scores (students must request report from testing service and pay a service fee) <i>Allow 3 weeks for processing</i>

Paid _____ (date)