**TOLLAND HIGH SCHOOL COUNSELING DEPARTMENT**

**TRANSCRIPT REQUEST FORM**

**NOW** : Complete the top portion of this sheet and hand in to the counseling office.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We (I) give approval for the release of the transcript of the above named student to the following (please check all that apply):

\_\_\_\_\_ Colleges/Universities/Post-Secondary Institutions

\_\_\_\_\_ Athletic Departments

\_\_\_\_\_ NCAA Clearinghouse

\_\_\_\_\_ Scholarship Programs

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization needs to be completed only once for the academic year, and will be in effect for one year from the date of submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (required if student under 18 years old) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

***LATER :*** When you are ready to have your supplemental materials (school report, transcript, recommendations, etc.) sent, do the following:

1. **In Naviance Student:**
* Indicate schools you are applying to on the “Colleges Applying To” screen
* If using the Common Application, you must match your Common App account to Naviance Student. Do this by clicking Match Accounts in the red bar. You must complete the FERPA waiver and list schools in the Common App **before** completing this step.
* If you have not already done so, complete the “Add Teachers” for recommendations at the bottom of the “Colleges Applying To” screen.
1. **Return to the counseling office and request this sheet.** Fill in the information on the back of this form and submit to Mrs. Richards or your counselor.

***No transcripts*** will be sent until noted on this form. If you submit applications at different times, you MUST come to the Counseling Office to add them to this form.

**Your materials *WILL NOT* be sent without these steps completed!!!**

***TRANSCRIPT REQUESTS MUST BE SUBMITTED AT LEAST 10 SCHOOL DAYS PRIOR TO ANY DEADLINE***

*REVISED: 9/2018*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Submitted to THS** | **College Applying To** | **Application****(Circle one)** | **App****Deadline** | **Date Counselor Received** | **Date** **Counselor****Sent** | **1st Quarter Grades****Requested/sent** | **Midyear Report****Requested/sent** |
| *Example:**11/1* | *Tolland University* | *Common App**College Online App**Paper App* | *1/13* |  |  |  |  |  |  |
|  |  | *Common App**College Online App**Paper App* |  |  |  |  |  |  |  |
|  |  | *Common App**College Online App**Paper App* |  |  |  |  |  |  |  |
|  |  | *Common App**College Online App**Paper App* |  |  |  |  |  |  |  |
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|  |  | *Common App**College Online App**Paper App* |  |  |  |  |  |  |  |

Names of teachers writing a recommendation:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_