

# STEVENS High School TRANSCRIPT RELEASE

A transcript release form is needed for **EACH** transcript requested. Please **PRINT**.

Please **ALLOW 5 school days** for transcripts to be processed.

Allow **ADDITIONAL TIME** for recommendations to be completed.

**Students: Complete the information below.**

Student Name: \_\_\_\_\_ DATE Requested \_\_\_\_\_

Grade \_\_\_\_\_ or Year graduated \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby request records for the above named student to be (check ONE):  mailed to address below  other

Name of College / COMMON APP / Contact: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**(REQUIRED)**

**(Required)** if student is not 18 years old)

**Current Students: Mark below as indicated.**

applied on line OR  paper application completed (student part) & attached to transcript release

paid on line  personal check stapled to application & attached to transcript release

**Students/Graduates: Mark below the items needed for this application package:**

Official transcript (ACT/SAT test scores will be included)

Senior course schedule

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

Current report card

Form(s) supplied by: College/University/Organization

School Profile

Student Essays Attached

Letter of Recommendation: Counselor (meeting required)

Letters of Recommendation: Teachers: Who? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(brought to Guidance Office **BY STUDENT**)

**REMINDER TO STUDENTS: SIGNATURES** Obtain all required signatures or the college may delay or discard your application.

PLEASE **ALLOW 3-5 SCHOOL DAYS** FOR PROCESSING, **ADDITIONAL DAYS** FOR RECOMMENDATIONS, AND REMEMBER TO **ALLOW TIME FOR MAILING DELIVERY.**

**DEADLINE** application packet is to be received by college: \_\_\_\_\_

*\*Please note: An Official transcript cannot be released directly to the student or parent.*

\*\*\*\*\***Office Use Only**\*\*\*\*\*

Jenni  
 Official transcript  
 Mailing envelope  
 Senior course schedule  
 ACT/SAT test scores  
 Stevens school profile  
 Current report card  
 SENT to Counselor \_\_\_\_\_ date \_\_\_\_\_  
 Other: \_\_\_\_\_

Counselor  
 Secondary School Report  
 Letter of Recommendation  
 Counselor's SIGNATURE  
 Teacher Recommendations  
(see above) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Notes:

<b>COMMON APPLICATION</b> (electronic) <input type="checkbox"/> Secondary School Report <input type="checkbox"/> Mid-Year Report/Year-End Rpt Schools who can access data online: _____ _____
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DATE MAILED by Stevens: \_\_\_\_\_