

TRANSCRIPT REQUEST FORM

Name: _____ Year of Graduation: _____

Email address: _____ Phone #: _____

School Counselor: Vuona Kennedy Costello Bagnall Chaykowski

Teacher Recommenders: Primary _____ Secondary (not always required) _____

Please send my official transcript and recommendations to the following colleges and universities

****Every school you are applying to must be on a transcript request form or materials cannot be sent****

Due Date: 3 WEEKS PRIOR TO EARLIEST DEADLINE EARLIEST DEADLINE: _____

College Name (Write <u>full name</u> of school - no initials)	Applying through Common App Please ✓	Applying through non Common App Please ✓	Deadline Date	Select Application Type				Date Sent <small>Counselor Use</small>
				Early Action	Early Decision	Regular Decision	Rolling	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

By signing below,

- I give MHS permission to send transcripts to the colleges listed above.
- I agree to submit a one time transcript processing fee of \$10.00 through MySchoolBucks
- I understand that SAT and ACT scores do not appear on the Marblehead High School transcript
- I must send my own scores to colleges via www.collegeboard.com or www.act.org

Parent or student signature: _____ Date: _____

DO NOT EMAIL FORM TO YOUR SCHOOL COUNSELOR
Completed form must be sent to mhs_transcripts@marbleheadschoools.org for processing
PUT YOUR FIRST + LAST NAME IN THE SUBJECT OF THE EMAIL

Do not write below - School Counseling office use

Date Received: _____ Fee Submitted: _____ Staff Processing Form: _____ Date Submitted to Naviance: _____