MOUNT EVERETT REGIONAL SCHOOL

**TRANSCRIPT REQUEST FORM**

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEADLINE\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MUST submit 10 school days before deadline. It is assumed, unless otherwise**

**informed by the student, that “deadline” means “postmarked by...”**

COLLEGE OR SCHOLARSHIP INFORMATION Please check one that applies:

COLLEGE OR

SCHOLARSHIP NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Early decision (binding)

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Early action (non-binding)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Rolling admission

CITY, STATE, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Regular admission

Please include: **(check all that apply - if box is not checked, item will not be sent)**

\_\_\_\_\_ If you are applying to this school through common application please check this box. Do not check off any other boxes below, but be sure to request transcripts and recommendations online through common application.

\_\_\_\_\_ Unofficial Transcript/Student Copy

\_\_\_\_\_ Send an OFFICIAL Mount Everett Transcript (Gradesthroughout high school - REQUIRED by colleges) \*

\_\_\_\_\_ \*Unofficial SAT and ACT scores will be included on your OFFICIAL transcript. It is your responsibility to request OFFICIAL SAT/ACT score reports from College Board or ACT headquarters.

\_\_\_\_\_ Send counselor recommendation.

\_\_\_\_\_\_ please check here if counselor recommendation is REQUIRED by THIS college.

\_\_\_\_\_ Send teacher recommendation(s).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resume \_\_\_\_\_

\_\_\_\_\_ Final Transcript **(only requested upon graduation)**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature must accompany any release of information)

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18, parent must sign)

*STUDENTS MUST HAND THIS FORM DIRECTLY TO MRS HULL IN THE GUIDANCE OFFICE.*

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| For office use:  DATE MAILED BY: |