

OFFICIAL TRANSCRIPT REQUEST FORM

PLEASE SUBMIT THIS FORM IMMEDIATELY AFTER YOU APPLY TO A COLLEGE

NOTE:

High School - CEEB Code # 311-367

Name _____ Phone# _____

Counselor Name _____ Homeroom _____

Fill in below college where official transcript must be sent:

College Name or Scholarship Program _____

Is this your 1st Choice _____ 2nd _____ or Other _____

Check here if this is a Common Application _____

My application was sent on: _____ or _____
On-line date Date Mailed

Early Action Early Decision Regular Admission

College Deadline Date: _____

PLEASE INCLUDE FOR YOUR COUNSELOR:

Recommendation From: Teacher Counselor Other Sent

1. _____	[]	[]	[]	[]
2. _____	[]	[]	[]	[]
3. _____	[]	[]	[]	[]

For your college to receive a complete transcript package on time, please adhere to the following deadlines:

College Application Deadline	Immaculata Transcript Deadline
Nov. 1 (Thursday)	Oct. 26 (Friday)
Nov. 15 (Thursday)	Nov. 8 (Thursday)
Nov. 30 (Friday)	Nov. 20 (Tuesday)
Dec. 15 (Saturday)	Dec. 7 (Friday)
*January 1	Dec. 14 (Friday)
Feb. 1 (Thursday)	Jan. 25 (Thursday)

*Due to school closing/Christmas Holiday, January 1 transcript requests must be in Guidance Office by **Dec. 14th**.

PLEASE INCLUDE FOR YOUR COUNSELOR:

Transcript fee: \$5.00 per each transcript requested
 Letters from outside source (Employer, Coaches, etc.)
 Other _____

(Continued on column to the right)

FOR OFFICE USE ONLY

DATA PROCESSING DATES:

TRANSCRIPT REQUEST:

Rec'd. in Guidance: _____ Time _____ by _____

Payment Rec'd.: _____ Ck. # _____ Cash _____ by: _____

DATED:

To Counselor: _____ by: _____

Counselor sent via: Mail _____ PDF _____ Faxed _____

Receipt to Student: _____