

EAST OFFICIAL TRANSCRIPT/DOCUMENT REQUEST FORM

Last Name	First Name	MI	Student ID #	Cell #
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College/s: _____ Location of College (city/state): _____


Your East Counselor's Name (circle one): Brown Doyle Flage Kohuth Roush Vesceri Terry Koshio

APPLICATION INFORMATION: Check individual college Admissions and Financial Aid websites for school requirements and deadlines.

APPLICATION DEADLINE: COLLEGE MUST RECEIVE BY: ___/___/___

DECISION PLAN: Regular Decision Early Action (Non-Binding) Early Decision (Binding-need signature)

I AM SUBMITTING MY APPLICATION ONLINE USING (check one):

The college/State website  www.commonapp.org Coalition App

Request for a Fee Waiver – only for students on Free and Reduced Lunch

- *Common app will have a spot to request a fee waiver*

TEST SCORES: I am responsible for sending my own standardized test scores. I have researched my colleges testing requirements. I have sent my SAT scores (www.collegeboard.org) and/or my ACT scores (www.actstudent.org).

Signature: _____ Date Sent: _____

7th SEMESTER/MID-YEAR GRADE REPORT REQUEST: *Check the colleges' websites to see if 7th semester/mid-year grades are required- if so, please request these from your counselor in January.*

RECOMMENDATION LETTERS AND FORMS:

ADDITIONAL COLLEGE APPLICATION REQUIREMENTS:

Counselor Letter? YES NO **Secondary School Report form will be automatically sent**
**Important: Common App requires counselors to submit letter of rec and a Secondary School Report Form.*

Teacher Letter(s): *Teacher letters and forms must be on file in Counseling Center/On-Naviance prior to submitting a transcript request.* **Teacher Name:** _____ **Teacher Name:** _____

Note: Please be mindful that in order to receive a strong letter of recommendation, counselors and teachers need some time to construct your letter. Please ask for a letter of rec at least two weeks in advance.

My signature below authorizes East to release all records related to the completion of my college application. (REQUIRED)

Student Signature: _____

For OFFICE USE only: Date Received: _____ By: _____		REQUEST COMPLETED:
Transcript Sent: Online: _____ US Mail: _____		DATE: _____ BY: _____
Counselor Rec/SSR: Online: _____ US Mail: _____		
Teacher Rec/Eval. Form: Online: _____ US Mail: _____		