

TRANSCRIPT REQUEST FORM

NAME _____ BIRTHDATE _____

I give permission to have sent or faxed, a transcript to the colleges listed below. This transcript consists of official administrative data (name, address, birth date, phone number, sex, and grade level), class rank, attendance, SAT scores, ACT scores, PSSA scores, AP scores, etc. I understand that additional colleges can and will be added throughout the year.

COLLEGE	ADDRESS	DATE SENT	FINAL SENT

SCHOLARSHIP INFORMATION	
Name	Date Sent

Military – Date Sent _____
NCAA – First Sent _____
NCAA – Final Sent _____

Other:

Student Signature _____

Parent Signature _____