

New Richmond High School

SENIOR COLLEGE TRANSCRIPT REQUEST

The school counseling office must receive this document at least 10 school days prior to the college deadline date.

Date submitting this form to school counseling office: _____

Application deadline: _____

Student Name: _____ **DOB:** _____

Name of college/university/organization where transcript should be sent:

_____ Branch (if applicable) _____

Have you submitted your transcript request via Naviance? YES NO

Did you submit your application using the Common Application? YES NO
If yes, did you link your Common Application and Naviance accounts? YES NO

COLLEGE APPLICATION MATERIALS

Did you submit your application? YES NO

Did you submit your application fee? YES NO
If not, do you qualify for a fee waiver? YES NO

Did you send your ACT/SAT scores? YES NO

Do you need letters of recommendations? YES NO
If yes, did you submit the teacher letter of recommendation request via Naviance and complete the Letter of Recommendation Request form: YES NO

By completing this form, you are authorizing the information on your transcript to be released to the college or organization listed on this form. It is your responsibility to confirm with the institution that your application is complete. It is your responsibility to notify the School Counseling office of any additional requested information, including mid-year reports. Failure to complete any step in the application process could result in a delay and late filing.

Student Signature Date Parent Signature (if under 18) Date

Office Use: Date turned into office _____ Transcript sent on: _____ via Naviance / Mail
School Report sent YES NO N/A
Recommendation sent YES NO N/A