

Request for Transcript RHHS CEEB Code: 070648 Phone (860) 258-7724 Fax (860) 258-7726
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Complete form, attach documentation, and submit at least two weeks before college application deadline to Guidance for **EACH** college application.

Student Name: _____ **Counselor Name:** _____ **Date:** _____

College Name: _____

Deadline Date: _____

Address: _____

- Regular Decision**
- Early Decision**
- Early Action**

Is this a COMMON APPLICATION? YES NO

Application Completed: ONLINE HARD COPY

Payment made: ONLINE CHECK ENCLOSED WAIVED

Essay sent: ONLINE ENCLOSED

Student sent official SAT, SAT Subject, ACT scores directly to college? (Guidance does NOT send official scores)

YES NO Not required

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To be completed and sent by Counselor:

Date Counselor completed: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Transcript* | <input type="checkbox"/> Counselor page | <input type="checkbox"/> Recommendations from: _____ | <input type="checkbox"/> School Profile |
| <input type="checkbox"/> Quarter Grades | <input type="checkbox"/> Supplemental pages _____ | | <input type="checkbox"/> Return Card |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Other: _____ | | |

Date Sent to College: _____ GPA: _____ Class Rank: _____ SATs: CR: _____ M: _____ W: _____