

REQUEST FOR TRANSCRIPT

This form must be completed for each transcript request

Name: _____ Date: _____ Counselor: _____

Cell phone number: _____ MCPS ID# _____

I am taking/took MC classes through Dual Enrollment Yes _____ No _____

I am a student in the WJ ACES Program Yes _____ No _____

I am a student in the WJ APEX Program Yes _____ No _____

I am a student in the WJ LEAD Program Yes _____ No _____

I have turned in a Release of Records Form (one time only) Yes _____ No _____

I have reviewed my transcript/senior schedule and it's correct Yes _____ No _____

- If "No," these changes are needed:

This is a *Common Application* School Yes _____ No _____

I am using the Common Application to apply Yes _____ No _____

- If "Yes," I have added this college to the Common App. List Yes _____ No _____

- I have completed my FERPA in the Common Application Yes _____ No _____

This is a StandOut Admissions Network Yes _____ No _____

Check method of submission:

Common Application

StandOut Admissions Network

Docufied Electronically Other

via Mail US Postal Service

Application due date: _____

Counselors will complete secondary school reports and/or recommendations once the Self-Evaluation and Resume in "Family Connection" on Naviance have been completed.

I am applying for Early Decision: Yes _____ No _____

I have requested recommendations from these TWO teachers:

- 1) _____
- 2) _____

Name of college/university: _____

City and state: _____

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Fee paid: Yes _____ No _____

Date submitted to counselor: _____

Transcript submission/mailling date: _____

