

## Application/Transcript Request Form

Name: \_\_\_\_\_

Date Request Turned In: \_\_\_\_\_

**Student: Fill request out completely for each school you are applying to, send it or turn it in to Mrs. Kershaw, and attach the necessary application paperwork (counselor recommendation forms, paper applications, etc.). Allow two weeks for each request to be processed.**

Name, address, and phone number of the admissions department for the school you are applying to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Admissions Phone (with area code):

\_\_\_\_\_

Check one:

\_\_\_\_\_ Please send attached application with current transcripts.

\_\_\_\_\_ Please send application, transcripts, and report card  
(without ST grade).

\_\_\_\_\_ Please send transcripts only.

Deadline date: \_\_\_\_\_

For office use only:

Date sent: \_\_\_\_\_