THS STUDENT TRANSCRIPT REQUEST FORM FOR PROCESSING PLEASE ALLOW: 4 WEEKS - OCTOBER THROUGH DECEMBER AND 2 WEEKS - REST OF THE YEAR.

I authorize Twinsburg High School to release the indicated information on this form to the institution listed below.

PRINT Student Name	Student I.D. No.	Date	Current Grade
Student's Signature:	(no letters)	(OFFICE	USE ONLY)
PRINT NEATLY - NAME AND ADMISSIONS OFFICE ADDRE OF COLLEGE/UNIVERSITY (1 COLLEGE PER TRANSCRIPT		Fee:	l:
Please send the following information:	4 weeks prior	r to deadline. Stude knowing college de	quest must be submitte ent is responsible for adlines. y Date:
1 Transcript 2 ACT Score(s) 3 SAT Score(s) 4 Counselor/Prep Form (if applicable) 5 Common App SR MR 6 Applied Online (no application copy needed)	8 9X 10.	Application Fee (School Profile	dent Provides if applicat (Student Provides) ck#_ t Provides \$1)
Recommendation Letters (optional) Name of Teacher(s): Mail recommendation letter(s) with request. (Student must bring Teacher mailing separately: Student, give teacher pre-addressed Teacher completing recommendation onlineOnline recommendation	stamped envelope, allo	w at least one week	for letter(s).
Additional notes regarding your transcript:	_		
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THS STUDENT TRANS FOR PROCESSING PLEASE ALLOW: 4 WEEKS - OCTOBER	CRIPT REQUITHROUGH DECEM	EST FORM BER AND 2 WEE	
Rev: 6/14/2012 THS STUDENT TRANS	CRIPT REQUITHROUGH DECEM	EST FORM BER AND 2 WEE	
THS STUDENT TRANS FOR PROCESSING PLEASE ALLOW: 4 WEEKS - OCTOBER I authorize Twinsburg High School to release the indica PRINT Student Name	CRIPT REQUITHROUGH DECEM ted information on this Student I.D. No. (no letters)	EST FORM (BER AND 2 WEE) form to the institution	on listed below.
THS STUDENT TRANS FOR PROCESSING PLEASE ALLOW: 4 WEEKS - OCTOBER I authorize Twinsburg High School to release the indica PRINT Student Name Student's Signature: PRINT NEATLY - NAME AND ADMISSIONS OFFICE ADDRE	CRIPT REQUITHROUGH DECEM ted information on this Student I.D. No. (no letters)	EST FORM (BER AND 2 WEE) form to the institution Date (OFFICE Date Revd: Fee:	Current Grade USE ONLY)
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THS STUDENT TRANS FOR PROCESSING PLEASE ALLOW: 4 WEEKS - OCTOBER I authorize Twinsburg High School to release the indica	CRIPT REQUITHROUGH DECEM ted information on this Student I.D. No. (no letters) SS FORM): COLLEGE D 4 weeks prior _Postmarked by 18	Date OFFICE Date Rcvd: Fee: Date Mailed PEADLINE—Recr to deadline. Stude knowing college de ORReceived bApplication (Stude Application Fee (Current Grade CUSE ONLY) d: quest must be submitteent is responsible for adlines. y Date: dent Provides if applicate (Student Provides) ck#_