Woodgrove High School
Transcript Request Checklist

Student Name: _____   Student ID: _____

Woodgrove High School requires a minimum of <u>3 weeks</u> to process requests for transcripts & counselor letter of recommendation.

College: _____   City, State: _____
　　　　　Please be specific- DO NOT use abbreviations

Deadline: _____

Is this a: (*please select the one that applies*)

- ☐ EARLY DECISION APPLICATION
- ☐ EARLY ACTION APPLICATION
- ☐ REGULAR DECISION APPLICATION
- ☐ ROLLING DECISION APPLICATION

Please send the following: (*please select as many as apply*)

- ☐ TRANSCRIPT
- ☐ SECONDARY SCHOOL REPORT (*usually required for college applications*)
- ☐ COUNSELOR LETTER OF RECOMMENDATION
  TEACHER LETTER OF RECOMMENDATION (*In order for us to send a teacher's letter of recommendation with the other documents you requested, you <u>must</u> attach the teacher's letter to this form. Each letter should be in a sealed envelope with the teacher's signature across the seal. If a teacher's letter is not attached to this form when you submit it to Guidance, it will not be sent by us and you must arrange to have it sent separately to the college.*)
  - ☐ I have attached a letter of recommendation from: (*please write teacher's name*)
    _____

NOTE: A $3.00 CHARGE WILL BE ASSESSED FOR ALL TRANSCRIPTS.
(Payable by cash or check made out to "Woodgrove High School")

I understand that under the terms of the Federal Educational Rights & Privacy Act (FERPA), after I matriculate I will have access to the Secondary School Report and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. I waive my right to access below, regardless of the institution to which it is sent:
   - ☐ Yes, I do waive my right to access, and I understand I will never see the Secondary School Report form or any other recommendations or supporting documents submitted by me or on my behalf.
   - ☐ No, I do no waive my right to access, and I may someday choose to see the Secondary School Report form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Please sign below that you have read and understand the transcript request requirements and the information above is accurate. Your signatures below authorize Woodgrove High School to complete your request and to release the above information to the college or organization listed above.

Student Signature: _____   Date: _____
Parent Signature: _____   Date: _____

	Date	Initials
Date Received		
Transcript Processed		
SSR		
Counselor Recommendation		
Logged in Naviance		
Mailed		
Verified		