RUTHERFORD HIGH SCHOOL -TRANSCRIPT REQUEST FORM

Common Application ☐

Application Deadline Date: _____

Name of Student: _____ Class of: _____

College Name: _____

College Address: _____

City: _____State: _____ Zip: _____

Check all that apply:

☐ Application included with this request ☐ I have applied on-line

☐ Payment included with this request ☐ I will apply on-line by _____(date)

Important:

- Transcript request forms must be submitted/received by your counselor at least **4** weeks prior to your deadline.
- Official transcripts must be mailed directly by our office.

Application Forms:

☐ Secondary School Report Form

☐ Mid-year Report Form

☐ Final Report Form

☐ Teacher Evaluation Form 1

☐ Teacher Evaluation Form 2

☐ Stamped addressed envelope for mid-year report (if necessary)

Counselor's Initials: _____

Date: _____

# of _____stamped, addressed envelope(10 X 13) included

Letters of Recommendations:

1: _____

2: _____

Student Signature (over 18): _____

Parent Signature: _____