## PARSIPPANY HIGH SCHOOL TRANSCRIPT REQUEST FORM

APPLIC			
NAME OF COUNSELOR:		TRANSCRIPT TO BE SENT TO:	
NAME:Last			
Last	First	College Name	
DATE:CL	ASS OF:		
		Address	
Note: A complete transcript p	acket includes:	MAJOR:	
a. All courses taken (9-1		EARLY DECISION:	
G.P.A., rank.	2), mui gruues, ereum,	EARLY ACTION:	
<ul><li>b. Standardized scores,</li><li>c. Activities, honors, en</li><li>by student.</li><li>d. High School Profile i</li></ul>	nployment as reported	REGULAR ADMISSION:	
Please send AP scores:  (Scores will not be sent unless i	ndicated.)		
Permission to send complete tr	anscript packet:	List teachers sending recommendations:	
Student Signature:		Name:	
Parent Signature:			
**ALLOW 15 WORKI			
STAMPS.	OPE ADDRESSED TO (	COLLEGE WITH THREE 42 CENT	
Attach a resume <u>OR</u> Co	omplete side 2 ascript or for changes	s and additions)	
FAILURE TO	O FOLLOW INSTRUCTIO	ONS MAY DELAY PROCESSING!	

**Date Mailed:** 

OFFICE USE ONLY Date Received:

German Club 10, 11	President 11	Stock boy 10
CTIVITY		
		OUT-OF-SCHOOL ACTIVITY
O AWARDS RECEIVED		TYPE OF WORK EXPERIENCE
	D AWARDS RECEIVED	D AWARDS RECEIVED