Tucker High School Request Form

Please select the following items that you need and return this form to the Counseling Department along with your addressed envelope. Please note

* Transcript requests require 2 school days

Wednesday, Friday: 7:30am - 3:30pm

- * Transcript requests with Counselor Recommendation requests require 10 school days
- * Attach two (2) first-class stamps to business envelopes or three (3) first-class stamps to the 8 ½ X 11 or larger envelopes.
- * We must use the return address of Tucker High School. Please print clearly.
- * If personal copies are needed, write "Personal Copy" and the total number needed; transcripts will be sealed & unofficial

I, Student Name : am request understand that waivers can only be given to currently enrolled students.	ting the following information. I
Graduation Year (if applicable)/ and DOB:/ Copy of Immunization/ SS Card/ Birth Certificate	<u>FOR USE BY</u> <u>COUNSELING OFFICE</u>
Counselor Recommendation Form	<u>ONLY</u>
(Students must provide forms & stamped, addressed envelopes)	Date Submitted
SAT/ACT/ College Application Waivers	Received By
NCAA Clearinghouse Waiver (Students must complete registration information at www.eligibilitycenter.org prior to request)	Projected Completion Date
Official/Unofficial Transcript (official must be mailed)	Actual Completion Date
TO: Name of College, Institution, or Personal Copy (# of copies)	Counselor Initials
1	** ACT & SAT scores must be sent directly from ACT and CollegeBoard www.actstudent.org sat.collegeboard.com
Please Initial Both Lines Below I understand that this request requires 2 school days for processing I understand that counselor recommendation form requests require 1	10 school days for processing
Signature of person requesting release of transcript	
Requestor's Email address (Required)	
<u>Documents must be picked up from the counseling office during office hours:</u> Monday, Tuesday: 7:30am – 4:00pm	

Address Envelopes as follows:

Tucker High School Attn: Counseling 5036 LaVista Road Tucker, GA 30084 Stamps

College or Employer Name Address City, State, Zip Code