



TRANSCRIPT REQUEST FORM

Please include \$5.00 for each transcript requested

STUDENT NAME: _____

DATE: _____

YEAR OF GRADUATION: _____

BIRTHDATE: _____

PHONE #: _____

Please release ☐ official ☐ unofficial transcripts as directed below:

☐ **Send to:** NAME OF COLLEGE / SCHOLARSHIP: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

☐ **I will pick up**

FOR CURRENTLY ENROLLED STUDENTS ONLY:

PLEASE SEND: ☐ Transcripts ONLY OR ☐ Transcripts AND Test Scores

IMPORTANT NOTE:

Colleges/universities may **require test scores to be sent directly from CollegeBoard (SAT) or ACT**. If so, it is **your responsibility** to authorize the testing agencies to send your scores even if Bishop Kenny sends them with your transcripts. Make sure you understand the policy regarding **SAT/Score Choice®**

- ALSO SEND:
- ☐ College or Scholarship Application (Enclosed).
 - ☐ Check Payable to College or Scholarship for Application Fee (Enclosed)
 - ☐ Counselor portion of application / counselor's recommendation letter
 - ☐ Recommendation letter(s) which were requested from:

Teacher: _____ on: ____/____/____

Teacher: _____ on: ____/____/____

Teacher: _____ on: ____/____/____

COLLEGE/SCHOLARSHIP APPLICATION DEADLINE: _____ Check if: ☐ EARLY DECISION

☐ EARLY ACTION

Signature of Parent if Student is under 18: _____

Signature _____ Date _____

THIRD PARTY PICK UP – I authorize the person named below to pick up my transcript. PHOTO ID REQUIRED

NAME _____

OFFICE USE ONLY

Transcript Fee: ☐ to be mailed ☐ to be delivered ☐ paid

Date Application Received: _____

Date Transcript Fee Rec'd: _____

Date Transcripts Mailed: _____