

TRANSCRIPT REQUEST FORM MEADE SENIOR HIGH STUDENT

** Please Print Clearly **
Return completed form to Mrs. Cullum

Name: _____ Date of Birth: ____/____/____ Year of Graduation: _____

Student ID #: _____ Student Email: _____

Phone: (____) _____ Counselor: _____

In addition to this form YOU must add your colleges to your Naviance account

Colleges/Universities, Armed Forces, Scholarships, Employers, or Trade/Technical Schools, NCAA, Internship Programs, Other:	Application Deadline	Do you need a Counselor Letter of Rec? (Yes or No)	Have you added to Naviance? (Yes or No) Must be done before processed	Are you using the Common Application? (Yes or No)	Hand Carried Request Yes/No	OFFICE USE ONLY Paid	OFFICE USE ONLY Date Mailed
Institution Name:							
Address:							
Institution Name:							
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Institution Name:							
Address:							
Institution Name:							
Address:							

***PLEASE NOTE:** If you are asking us to complete a secondary school ↑ report, YOU must go to the particular college's website, print a copy of the report, fill out your part and include it with this form. If you are requesting a letter of recommendation, YOU must complete a letter of recommendation information form which you can find in the transcript request area in the counseling hallway.

Release of Student Records

The law requires that schools receive written permission signed by the parent/guardian before transcripts and other student records can be released to a third party.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Signature of Parent/Guardian: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

Transcript Fees, per transcript, are to be paid at the time of request.

\$2.00 per transcript
SCHOOL CODE IS 210531.