

# Transcript Request Form

Phillipsburg High School Guidance Department

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Email: \_\_\_\_\_

Counselor: \_\_\_\_\_

**You must allow at least 3 weeks for processing of all documents!**

**Please read before submitting!**




1. Complete your senior questionnaire and activity resume for your counselor.
2. Complete activity resume for your teacher letters of recommendation.
3. Send official SAT ([www.collegeboard.org](http://www.collegeboard.org)) and/or ACT ([www.actstudent.org](http://www.actstudent.org)) scores to your colleges/universities. **PHS does not report scores!**

For a deadline date of:	You must submit your Transcript Request Form by:
<b>NOVEMBER 1</b>	<b>OCTOBER 09</b>
<b>NOVEMBER 15</b>	<b>OCTOBER 23</b>
<b>NOVEMBER 30</b>	<b>NOVEMBER 6</b>
<b>*JANUARY 1</b>	<b>DECEMBER 4</b>
<b>*JANUARY 15</b>	<b>DECEMBER 18</b>

\* Due to holidays, deadline is earlier

**College/University:** \_\_\_\_\_

**Deadline:** \_\_\_\_\_

Admissions Type (check one)	Method of Submission (check one)	Which teachers did you ask to write you a recommendation?
<input type="checkbox"/> Early Decision <input type="checkbox"/> Early Action <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/> Other _____	<input type="checkbox"/> Common Application  <input type="checkbox"/> eDocs  <input type="checkbox"/> Mail 	1. _____ 2. _____

Special Instructions (if any): \_\_\_\_\_

**NOTE:** Before we can release your transcript, you must have your "Parent/Guardian Authorization for Release of School Records" form on file in Guidance.

Date Rec'd by Counselor: \_\_\_\_\_ Date Completed: \_\_\_\_\_