

REQUEST FOR TRANSCRIPT

YOU NEED TO HAVE THIS REQUEST IN TO YOUR COUNSELOR BY WEDNESDAY OF EACH WEEK IN ORDER TO PICK IT UP BY THE FOLLOWING WEDNESDAY IN MS. WEST'S OFFICE.

COLLEGE NAME _____

COLLEGE NAME _____

COLLEGE NAME _____

COLLEGE NAME _____

COLLEGE NAME _____

COLLEGE NAME _____

SCHOLARSHIP _____

SCHOLARSHIP _____

NCAA _____

DMV _____

TRANSCRIPT REQUEST WILL INCLUDE YOUR TEST RECORD (SAT,ACT,AP) ACCORDING TO THE GUIDELINES FROM VA.DEPT. OF EDUCATION (VDOE)

STUDENT NAME (PLEASE PRINT)

DATE

REMINDER-AFTER YOUR FIRST TWO FREE TRANSCRIPTS, ANY ADDITIONAL ONES WILL BE \$3.00 EACH TO BE PAID AT PICK-UP TIME.

REMEMBER – IT IS YOUR RESPONSIBILITY TO MAIL THEM!