

Date Rec'd in Guidance: _____

**WARWICK VALLEY HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

Student's Name _____ Date _____

Counselor _____

Application Deadline: _____ Date Application is submitted: _____

This form must be handed to guidance **2 WEEKS BEFORE the application deadline date.

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College Name: _____

Address: _____

Check application type:

Early Decision *Binding* Early Action *Non-binding*
 Regular Decision Rolling Admission

Check application method:

Common Application SUNY Application
 CUNY Application Direct College App

Which teacher(s) letter of recommendation do you want sent to this college?

FERPA Waiver:

I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.
 I do not waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

Signature of Student

Signature of Parent

Students are responsible for requesting CollegeBoard and/or ACT to send Official test scores
www.collegeboard.com OR www.actstudent.org

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GUIDANCE OFFICE USE ONLY (Do not fill out this section)

Electronic Delivery

SSR/Rec/Transcript sent Counselor initials Date

Paper Delivery

Rec/Transcript sent Counselor initials Date