## Transcript Request Form (updated December 2018)

## **College Counseling Office, Central Catholic High School**

Each student's educational information is protected by the Federal Educational Rights and Privacy Act (FERPA). This Transcript Request serves as the legal release for Central Catholic to submit educational information on your behalf.



1. Name:		
Last	First	Middle
2. Year of Graduation:	3. Contact Phone Number:	
4. I authorize Central Catholic High School to release my:   Official Transcript Unofficial Transcript		
5. Reason for Transcript Request: College Application Scholarship Application		
Jo	b application Other	
6. Name of Recipient (college, scholarshi ** Note: Central Catholic will not hand Official T	ip, etc.):	
7. Address of Recipient (City/State for college applications):		
For College Applications, Questions 8 – 12 MUST be completed before this form will be accepted:  8. Have you already completed and submitted the application to the college? YES NO		
9. Application Type: Early Action Early Decision Regular Decision Rolling Admission		
10. Application Deadline://		
12. I applied via this type of application: Common Application* This College's Specific Application		
	Coalition Application	
*You Common App account MUST be matched to your Naviance account before you submit this form		
12. What other materials are required by this college/scholarship to complete their application?		
Counselor Recommendation – please list counselor:		
Teacher Recommendations – please list teachers:		
<u> </u>		
Other:	<del></del>	
Student Signature	Date	//
PLEASE NOTE: 1. Central Catholic will not release any transc	ripts if you still have financial obligations ow	ed to Central Catholic for any
<ul><li>reason.</li><li>2. Students are responsible for submitting Sta</li></ul>	andardized test scores to colleges directly fro	om the testing agency.
3. If you request other materials be sent wit available.		
RECEIVED BY COUNSELING OFFICE:	(0	office use only)