REQUEST FOR TRANSCRIPT AND SUPPORTING DOCUMENTS

Student Name: _____ **Counselor: _____**

Requests cannot be processed unless your counselor is in possession of your personal resume, the Request for Letter of Recommendation Form, and the Hamilton Township School District release form

College Name: _____

City, State: _____

Please circle one from each line:

- **I am applying:** **Common App (on line)** **School App (on line)** **School App (paper)**
- **I am applying:** **Early Dec** **Early Action** **Regular** **Rolling** **Priority**
- **Is a Counselor Letter of Recommendation required?** **Yes** **No**

  College Deadline: _____

  Date you submitted your application: _____

□ **I have personally asked the teachers listed below to write my letters of recommendation and have included the "Request for Letter of Recommendation" form:**

1. **_____**
2. **_____**

□ **I have followed up by e-mailing those teachers on Naviance regarding my deadlines**

IT IS THE STUDENT'S SOLE RESPONSIBILITY TO SUBMIT SAT/ACT/AP SCORES TO COLLEGES ***(www.collegeboard.org and www.act.org)***

Office use only

Date received: _____ **Date sent: _____**