

Date of Request: _____

William J. Palmer High School
REQUEST FOR TRANSCRIPT

PLEASE ALLOW 48 HOURS TO BE PROCESSED – ONE TRANSCRIPT REQUEST PER FORM

Student Name: _____

Grade: _____

Counselor Name: _____

Transcript Delivery Instructions:

- Naviance** (electronically delivered to college – unavailable to send to students/parents)
 Paper Copy \$4.00 (Picked-up by Student/Parent OR Mailed to School/Organization)

Transcript Purpose:

- College/University Application**

College Name: _____ Remember to also put your request in Naviance

\$4.00 Fee for Paper Copy

- Scholarship (including Daniels, Questbridge, NCAA, etc.)** **Outside Organization** (insurance company, etc.)

Scholarship Name: _____

Scholarship Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Email: _____

Email: _____

Student Signature

****It is the STUDENT'S responsibility to verify that all required application materials (application, transcript, fee, test scores, essay, recommendations, etc.) are submitted to the college admissions office by the application deadline.***

FOR OFFICE USE ONLY:

Date Paid: _____ Cash Check # _____ FRL _____ Date Sent: _____