Transcript/Recommendation Request

*Please follow these instructions carefully for **each** application. Attach to this form with a paper clip any additional application materials that you are turning in to the Guidance Secretary.*

Last Name_____ First Name _____

Today's Date_____ **Application Deadline***_____$4.00 Transcript Fee _____ paid

**Ten (10) school days* prior *to the application deadline are required to complete the processing of this request. Thank you*

Counselor: (circle one) DeChant Drost Francu Gentry Marcinek

Name of college, scholarship or recruiter _____

Address: _____

PLEASE SEND THE FOLLOWING INFORMATION:

___1. High School Transcript

___2. Teacher Recommendation College Form Naviance LHS Letterhead Rec.
(Circle required only)

___3. Counselor Recommendation College Form Naviance LHS Letterhead Rec.
(Circle required only)

___4. Other (please describe)_____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you graduate you *will* have access to recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:
1. The institution does not save recommendations post-graduation.
2. You waive your right to access below:

O Yes, I do waive my right to access, and I understand I will never see any recommendations submitted by me or on my behalf.

O No, I do *not* waive my right to access, and I may someday choose to see recommendations or supporting documents submitted by me or on my behalf if this institution saves them after I graduate.

Required Signature _____ **Date**_____

(Please do not write below this line.)

Date received in Guidance_____ Date given to counselor_____

Date completed by counselor_____ Date mailed_____

This form will be filed in the student's guidance folder as verification of action taken.