

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 into the Counseling 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 the request. Thank you.

Counselor: (circle one) **DeChant Drost Dalton Gentry Marcinek**

Name of College, Scholarship or recruiter

PLEASE SEND THE FOLLOWING INFORMATION:

___1. High School Transcript

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

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

___4. Other (please describe) _____

Student Signature _____ Date _____

(Please do not write below this line)

Date received in Counseling _____ 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.