

FAIR HAVEN UNION HIGH SCHOOL
Transcript Request & College Application Checklist
(This should be submitted at least two weeks prior to college deadline)

Address: 33 Mechanic Street, Fair Haven, VT 05743 Phone: 802-265-3636 Fax: 802-265-3118 CEEB: 460-145

Counselors: Ms. Ashley Duckett (A-F) Ms. Karla Ramey (G-O) Mrs. Debby Pelkey (P-Z)
aduckett@svuvt.org kmramey@svuvt.org dpelkey@svuvt.org

Student Name: _____

College Information:

College Name: _____ Application Deadline: _____

Early Decision/ Early Action:	ED	EA	No		
How did you apply?	Common App	SEND Edu	Other online system	US postal mail	
Application Fee paid:	Waiver	Online	In attached envelope	Separate Mailing	NA

College Name: _____ Application Deadline: _____

Early Decision/ Early Action:	ED	EA	No		
How did you apply?	Common App	SEND Edu	Other online system	postal mail	
Application Fee paid:	Waiver	Online	In attached envelope	Separate Mailing	NA

College Name: _____ Application Deadline: _____

Early Decision/ Early Action:	ED	EA	No		
How did you apply?	Common App	SEND Edu	Other online system	postal mail	
Application Fee paid:	Waiver	Online	In attached envelope	Separate Mailing	NA

College Name: _____ Application Deadline: _____

Early Decision/ Early Action:	ED	EA	No		
How did you apply?	Common App	SEND Edu	Other online system	postal mail	
Application Fee paid:	Waiver	Online	In attached envelope	Separate Mailing	NA

Test Scores:

Be sure you submit your ACT/SAT scores directly from the processing center, if required.

Recommendations:

Ask individuals in a timely manner to write and submit your recommendations. (Two weeks minimum)

Student Signature _____

This signature authorizes FHUHS to send transcript, letters of recommendation and all supporting documents to the above named institution(s).

To Be Completed by Counselor:

Date transcript request submitted _____
Date Counselor Submitted Documentation: _____