

PERRY HIGH SCHOOL COUNSELING CENTER

REQUEST FOR SCHOOL TRANSCRIPT AND/OR RECOMMENDATION

PLEASE ALLOW 10 SCHOOL DAYS TO GUARANTEE TIMELY PROCESSING

NAME _____ PHONE _____ COUNSELOR _____

COLLEGE/SCHOLARSHIP/ORGANIZATION _____

COLLEGE/SCHOLARSHIP/MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE CHECK ALL THAT APPLY:

Type of Application	Mark Y or N	Send my transcript by this deadline
____ This is a Common Application	Early Decision ____	Deadline _____
____ This is a SUNY Application	Early Decision ____	Deadline _____
____ This is a College Website Application	Early Decision ____	Deadline _____
____ This is a GCC Instant Admit Application		Deadline _____
____ This is a Scholarship Application		Deadline _____

Please identify the specific program, college job, etc. for which you are applying (Liberal Arts, Engineering, etc.) _____

____ I give permission for my transcript to be sent to the college/scholarship listed above.

____ I give permission for my standardized test scores to be listed on my transcript for the college/scholarship listed above.

____ **I DO NOT** give my permission for my standardized test scores to be listed on my transcript for the college listed above because I am applying test optional.

____ I give permission for my AP test results to be included on my transcript(if applicable).

Please send letters of recommendation from the following teachers: _____

____ **I have verified my transcript**

Student Signature

Date

Parent/Guardian Signature

Date

Test scores are not Official. If your college **SPECIFICALLY** states that it wants “**OFFICIAL SCORES**” they **MUST** be forwarded from the testing corporation at **YOUR request and expense**. This can be done online.

The Counseling Center will send **Midyear Grades** (7th Semester Report) and **Final Transcript** to the college **only upon the request of the student**. This is **NOT** done automatically.

I understand it is my obligation to notify the Counseling Center as soon as I receive a decision on this application.

***All Special Education records, including, but not limited to I.E.P., standardized testing and psychological reports must be requested from the Special Education Office.**

For Office use Only:

Date Received _____ Date Mailed _____ Date Entered in School Tool _____