

Rush-Henrietta Senior High School

REQUEST FOR SCHOOL TRANSCRIPT AND/OR RECOMMENDATION

PLEASE ALLOW 10 SCHOOL DAYS TO GUARANTEE TIMELY PROCESSING

Name _____ Phone _____ Counselor _____

College/Scholarship/Organization _____ SS# _____

College/Scholarship Mailing Address _____

City _____ State _____ Zip _____

PLEASE CHECK ALL THAT APPLY:

___ This is a Regular Admission Deadline _____

___ This is a Rolling Admission Deadline _____

___ This is an Early Decision Admission (Please see additional form) Deadline _____

___ This is an Early Action Admission Deadline _____

___ This is an Internet Application Transcript/ Test Scores Recommendation Deadline _____

___ This is a Scholarship Application Deadline _____

Specific program, college, job, etc. for which you are applying (Liberal Arts, Engineering etc.)

I give permission for my Transcript ___ Standardized Test Scores ___ AP results ___ to be sent to the above college/scholarship program.

Student Signature Date

Parent/Guardian Signature (if under 18) Date

I give permission to Rush-Henrietta to send all special education records, including, but not limited to I.E.P., standardized testing and psychological reports requested and/or required by the above institution/agency to _____

Student Signature Date

Parent/Guardian Signature (if under 18) 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) 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.

For Office Use Only:

DATE RECEIVED _____

DATE RETURNED _____

DATE TO COUNSELOR _____

DATE MAILED _____