BISHOP GUERTIN HIGH SCHOOL
TRANSCRIPT REQUEST FORM
CEEB CODE: 300418

STUDENT NAME:_____

MATERIALS SENT TO:
College/University/Scholarship:_____ Intended Major:_____

Attention to: _____

Address: _____ (College/Univ/Scholar. Address)

City, State, Zip: _____

APPLICATION DEADLINE (Please write actual due date or "rolling"): _____

Select one option for each of the following:

1) Application Included Application Submitted Online Date to be submitted online_____

2) Payment to College/Univ. included (Check #_____) College/Univ. Paid Online No fee/Waiver

3) Early Decision Early Action Regular Decision Rolling Admissions

TEST SCORES: All standardized test scores must be sent directly from the testing agencies.

COMMON APPLICATION:

Did you use the Common App for this school? Yes No

Have you included the Secondary School Report Form with this application? Yes

RECOMMENDATIONS (please print names)

1) Counselor _____

2) Teacher(s) _____

_____

Permission to release student records:

Parent/Guardian Signature _____

Student Signature _____

Date _____

FEE: $5.00 includes official transcript, recommendations, school profile, first quarter report card, mid-year school report, final school report, and all postage. There is no fee for Scholarship Applications, NCAA transcripts, or Summer Programs.

For Office Use Only

Date Received:_____ Date Mailed:_____ Fee Paid: Owe Cash Check #_____

Transcript Report Card Profile Schedule Postcard