

College Application Transcript Request Form

Student Name _____

Name of College _____

****Early Action/Decision transcript requests are due in the school counseling office
TWO FULL WEEKS BEFORE the college due date.**
All other requests are due November 15 **

College Due Date: Early Decision (this is binding)

College application fee: Paid online
 Free Application
 College Issued Waiver
 CollegeBoard Waiver
 NACAC Waiver

Common Application: USED NOT USED - attach confirmation of application

Date you submitted your application online:


Does this school limit the number of recommendation letters* that can be sent? ___ Yes ___ No

*This information can be found on CommonApp, under Recommenders.

If "yes" how many can be sent:

Name(s) of teacher(s) whose letters you want sent: (counselor recommendation is automatic)

PLEASE NOTE: The School Counseling Office does not send SAT or ACT scores with your transcript. It is your responsibility to request that your scores be sent electronically to each college through www.collegeboard.com or www.actstudent.org.

 With this form, you MUST bring the \$4.00 Transcript Fee
Cash or check payable to ECHS, one check for all is fine.

OFFICE USE ONLY

Received from student	
Sent to college/univ	

Student signature _____

**HAND THIS FORM TO SCHOOL COUNSELING OFFICE ADMINISTRATIVE ASSISTANT:
DO NOT LEAVE ON THE DESK OR IN BOX!**