

Audubon High School  
Counseling Department  
Transcript Request

**Student Name:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

School CEEB Code 310-045

\* Request Date \_\_\_\_\_

**Circle One:**     On-Line Application                      Paper Application

\* Application Deadline: \_\_\_\_\_

**Name and Address of College/ University/ Program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail the following information** (check all that apply)

- \_\_\_\_\_ Student Application                      \_\_\_\_\_ Supplement for Common App (if applicable)
- \_\_\_\_\_ Transcript                                      \_\_\_\_\_ School Report/ Counselor Form
- \_\_\_\_\_ Report Card
- \_\_\_\_\_ Letter of Recommendation from \_\_\_\_\_
- \_\_\_\_\_ Letter of Recommendation from \_\_\_\_\_
- \_\_\_\_\_ Letter of Recommendation from \_\_\_\_\_
- \_\_\_\_\_ Essay (if applicable)
- \_\_\_\_\_ Resume (if applicable)
- \_\_\_\_\_ Payment made by \_\_\_\_\_ check (enclosed) \_\_\_\_\_ fee waiver \_\_\_\_\_ paid on-line

\*\*\*\*\*STUDENTS ARE RESPONSIBLE FOR SENDING SAT/ACT SCORES THROUGH COLLEGEBOARD/ACT\*\*\*\*\*  
\*\*\*\*\*THERE WILL BE A \$1.50 POSTAGE FEE DUE TO YOUR COUNSELOR FOR EACH APPLICATION SENT\*\*\*\*\*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required if student is under 18 years of age)

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*You must submit this transcript request form at least two weeks prior to application deadline\***

*For Office Use Only:*    Date Received \_\_\_\_\_    Date Mailed \_\_\_\_\_