

Saint Mary High School

64 Chestnut Street
Rutherford, NJ 07070

Transcript Request Form

Student Name: _____

Date of Birth: _____

Name of College: _____

Address: _____

Application Deadline: _____ Major: _____

Admission: Early Decision Early Action Regular Rolling

Are you applying via the Common App? YES NO

Letters of Recommendation

The following teachers listed below will be writing my Letters of Recommendation for the institution listed above:

1. _____

2. _____

Please indicate if a Letter of Recommendation is required from your School Counselor: YES NO

By signing below, I give permission to my School Counselor to send my Official Transcript to the institution listed above.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

PLEASE ALLOW 10-15 BUSINESS DAYS FOR TRANSCRIPT REQUEST FORMS TO BE PROCESSED

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Date Rec'd: _____ Counselor Initials: _____ Date Sent: _____

