

GARFIELD HIGH SCHOOL
Guidance Department

Request for Transcript

Name: _____ Counselor: _____
HR: _____

Name of Institution: _____
Address: _____

Student, please check the appropriate area:

_____ I applied On-line Common App: ____ Yes ____ No Date submitted _____
_____ Mailed by GHS Deadline _____

Materials to be Mailed by Counselor

____ Application Fee
____ Essay
____ Activity Sheet
____ Letters of Recommendation
1. _____
2. _____
____ Transcript
____ School Report/Counselor Form
____ Report Card
____ Other _____

Mid Year Grades Required: Yes ____ No ____

I am requesting that my records be sent to the above institution. I understand that it may take up to two weeks for my records to be mailed out.

Student Signature

Date

Office use only: _____ Date Received _____ Date to LP _____ Date Sent