

Transcript Request

Name: _____ Student ID: _____

Date of Birth: _____ Graduation Year: _____

Please mail to:

Name of College, Scholarship, etc

Address

City

State

Zip Code

Transcript Fee
\$3 current students
\$5 Alumni

*If transcript is not for college please note the intended use (scholarship, insurance, eligibility, etc.) _____

How did you apply? (circle one) Common App On-line (college website)

Please check each completed action. Leave blank if not applicable.

If you applied using the Common App,

_____ I have communicated with my counselor regarding what I need completed

_____ I have matched my Common App and Naviance accounts through Naviance

_____ I have requested my transcript through Naviance. (Your transcript can not be released until you have) connection.naviance.com/ahsmn

_____ I have letters of recommendation that should be included with my transcript.

Who wrote the letters for you? _____

Letters of recommendation must be uploaded into Naviance by the author.

Do you have any special instructions in regards to your transcript, letter of rec, etc?

****Students are responsible for sending all ACT/SAT scores.****

Student Signature: _____

For school staff only:

Date Counselor Completed: _____

Date mailed/sent: _____