

\$2.00 Official _____

Date Received _____

\$1.00 Unofficial _____

Recommendation Ltr ____ Card _____

Pick-up date _____

Sent to Counselor _____

Date Mailed _____

REQUEST MUST BE MADE AT LEAST 2 WEEKS PRIOR TO DEADLINE!!!

**Kellam High School
TRANSCRIPT REQUEST**

**\$2.00 PER TRANSCRIPT IS DUE AT TIME OF REQUEST AND MUST BE MADE BY
CASH OR MONEY ORDER ONLY!!**

NAME _____ **DATE** _____

GRADUATION YEAR _____

NAME OF COLLEGE(S) OR SCHOLARSHIP(S)

**Does this college have
a Counselor Page?*****

**Used
Common
App?**

(Address with zip code required for schools outside of Virginia)

YES

NO

1. _____

2. _____

3. _____

4. _____

**Student
Signature** _____

**Parent
Signature** _____

(Not required for prior graduates)

** If there is a counselor page, the student should include it with the request. If a counselor recommendation is needed, please supply your counselor with an academic résumé.

SAT/ACT/AP scores are included as part of the transcript unless you request otherwise.

Date of last SAT/ACT _____