

STUDENT TRANSCRIPT REQUEST FORM

STUDENT NAME:	
Circle One: Yes No My General Release-Rank Form, has been completed on my Parent Genesis account Yes No Report my Class Rank Yes No I have completed my FERPA consent and Waiver decision on Naviance Student and/or Common App.	
I am requesting my transcript be electronically sent to: COLLEGE/UNIVERSITY: ADDRESS: TOWN/STATE/ZIP:	FEES: First transcript request for college - no processing fee required All subsequent transcript requests - \$3.00 fee – Attached Transcript needed for scholarship - no processing fee required
Please note: Your Guidance Counselor will submit either the National Association of College Admissions Counselors (NACAC) form or the Common Application Secondary Report (SR) with each application. <p style="text-align: center;">Students are responsible for submitting their own SAT Scores (www.collegeboard.org) and/or ACT Scores (www.actstudent.org)</p>	
COLLEGE APPLICATION (Please Check) <input type="checkbox"/> I have applied to this college using their application <input type="checkbox"/> I have applied using the Common Application <input type="checkbox"/> I have already MAILED my paper application <input type="checkbox"/> I have applied in another format LETTERS OF RECOMMENDATION (Please Check) <input type="checkbox"/> I have requested the following teachers for Letters of Recommendation <u>through Naviance</u> . Transcripts will not be sent until these letters are received. _____ _____ _____ <input type="checkbox"/> I request a letter of recommendation from my Guidance Counselor. (Optional) <input type="checkbox"/> Mrs. Brittain <input type="checkbox"/> Mr. Duddy <input type="checkbox"/> Ms. Post <input type="checkbox"/> Mrs. Viscomi	SPECIAL INSTRUCTIONS (Optional) _____ _____ _____ APPLICATION DEADLINES (Please Check) <input type="checkbox"/> Early Decision (Binding) <input type="checkbox"/> Early Action (Non-Binding) <input type="checkbox"/> Regular Decision <input type="checkbox"/> Rolling Admissions Application Deadline Date: _____ Major/Concentration: _____ x _____ <p style="text-align: center;">(Student Signature)</p> <p style="text-align: center; font-size: small;">Your transcript will be sent within 7 SCHOOL DAYS of this request.</p>
<p style="text-align: center;">**OFFICE USE ONLY** (<u>This section must be dated by secretary or counselor</u>) **OFFICE USE ONLY**</p> Date Received in Guidance Office: _____ Date Counselor LOR/Forms Complete: _____ Date Mailed/Electronically Sent: _____ Date Counselor Tracked in Naviance: _____	

Donovan Catholic High School Information:

Address: 711 Hooper Avenue, Toms River, NJ 08753 | Phone: 732-349-8801 | Fax: 732-348-8441 | CEEB College Code: 311463