

RAMAPO INDIAN HILLS HIGH SCHOOL DISTRICT TRANSCRIPT REQUEST FORM

THIS FORM MUST BE COMPLETED FOR EACH COLLEGE YOU APPLY TO. COMPLETED FORMS SHOULD BE TURNED IN TO THE GUIDANCE SECRETARY.

**YOU MUST COMPLETE THE FERPA WAIVER AND ENTER YOUR COMMON APPLICATION USERNAME AND PASSWORD ON NAVIANCE PRIOR TO SUBMITTING THIS FORM. ADDITIONALLY, A BLANKET AUTHORIZATION RELEASE FORM SIGNED BY THE PARENT MUST BE ON FILE.*

ALL APPLICATION MATERIALS MUST BE SUBMITTED AT LEAST 10 SCHOOL DAYS PRIOR TO ANY DEADLINE DATE.

STUDENT NAME: _____ COUNSELOR: _____

COLLEGE NAME/CAMPUS: _____

DATE APPLIED: _____

APPLICATION PROCESS: (PLEASE CIRCLE)

 COMMON APPLICATION  EDOCS  PRINT/MAIL

**If a college is not a Common Application or EDocs member, it requires a Print/Mail Process. The Guidance Office provides large transcript envelopes for this process. Please be sure to address the envelope and adhere four stamps for mailing.*

**For teacher recommendations for the Print/Mail Process, please provide your own stamped, addressed envelopes to the teacher(s) directly.*

STUDENT CHECKLIST: (PLEASE CHECK/COMPLETE)

EARLY DECISION OR ED II _____ EARLY ACTION _____ REGULAR DECISION _____
DUE DATE _____ DUE DATE _____ DUE DATE _____

COMMON APPLICATION FERPA WAIVER COMPLETED ON FAMILY CONNECTION: YES _____ NO _____

UNIVERSITY PROGRAM STUDENT: YES _____ NO _____ PROGRAM: _____

SAT/ACT SCORES SENT BY TESTING AGENCY: YES _____ NO _____

* NOTE: IT TAKES 4-6 WEEKS FOR TESTING AGENCIES TO PROCESS SCORES

SAT/SAT SUBJECT TESTS: www.collegeboard.com OR TOLL FREE 1-866-756-7346

ACT: www.actstudent.org OR 1-319-337-1313

FORMS TO BE SENT: (PLEASE CHECK)

COUNSELOR LETTER OF RECOMMENDATION _____

* NOTE: Counselor recommendation will be written providing that the student has completed a "Junior Packet".

SECONDARY SCHOOL REPORT _____

STUDENT SIGNATURE: _____ DATE: _____

GUIDANCE OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____
COUNSELOR COMPLETION DATE: _____ COUNSELOR INITIALS: _____
DATE SUBMITTED ELECTRONICALLY: _____ ADMIN ASST. INITIALS: _____
IF APPLICABLE – DATE MAILED: _____ ADMIN ASST. INITIALS: _____