



**HAVERHILL HIGH SCHOOL GUIDANCE DEPARTMENT
TRANSCRIPT REQUEST FORM**

COMPLETE FORM AND SUBMIT WITH **EACH** COLLEGE APPLICATION
ALLOW 2 WEEKS FOR GUIDANCE TO PROCESS AND MAIL

STUDENT NAME _____

COUNSELOR NAME ALSUP BEAUDOIN FOSTER MCGLEW MASSAHOS SULLIVAN POWERS

COLLEGE NAME _____

COLLEGE MAILING ADDRESS _____

MAJOR APPLIED FOR _____

APPLICATION DEADLINE _____

APPLICATION TYPE (CHECK ONE):

- _____ Regular application
_____ Internet/Online Application
_____ Common application

ATTACHMENTS (CHECK AS MANY AS APPLY):

- _____ Application fee (check, money order, waiver) _____ Notarized Residency Statement
_____ Essay _____ Mid Year Report Form
_____ School Report Form

RECOMMENDATION LETTERS (FROM TEACHERS, COUNSELOR, ETC.):

Name _____ Attached ___ / On File ___ (check one)

Name _____ Attached ___ / On File ___ (check one)

Name _____ Attached ___ / On File ___ (check one)

DATE RECEIVED IN GUIDANCE: _____

IF NOT COMMON APP, DATE MAILED FROM GUIDANCE: _____

IF COMMON APP, DATE SUBMITTED VIA NAVIANCE: _____