**BERLIN HIGH SCHOOL**

**Transcript Request Form**

**For Current High School Students**

**College/Scholarships**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Guidance Use Only

**Submit this form to your guidance counselor at least two weeks before your earliest deadline.**Transcripts will be sent to all schools listed. FERPA Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COLLEGE NAME, CITY, STATE | App. Type  ED/EA/RD/RL | College  Deadline | Records Sent  (Guidance Use Only) | |
| 1 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 2 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 3 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 4 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 5 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 6 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 7 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
| 8 |  |  |  | |
| Com.App: Yes/No | Edoc | Paper |
|  |  |  |

For Guidance Use Only:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRANSCRIPTS** | | | **CAPT** | **SR** | **LETTER** | **PROFILE** | **OTHER** | **NAVIANCE** |
| **Initial** | **1st Qtr** | **Mid-**  **Year** |
|  |  |  |  |  |  |  |  |  |

***\*NOTE: This authorization is requested in accordance with Public Law 93-380, Family Education Right and Privacy Act 1974, which requires that parents permit the release of record and know that such information in being forwarded to another institution.***