

HIGH SCHOOL TRANSCRIPT/RECOMMENDATION REQUEST FORM

Transcripts and recommendation letters will be mailed or sent electronically. No transcripts will be faxed.

Full name of student while in attendance at Sacred Heart Catholic High School	
Date of Birth	Year of Graduation

<input type="checkbox"/> Please mail an official transcript to:	<input type="checkbox"/> Please send a letter of recommendation to:
College/Institution/Individual	College/Organization/Scholarship Committee
Attn	Attn
Mailing Address	Mailing Address
City/State/Zip	City/State/Zip
Additional instructions	Name of program/scholarship to which you are applying
	Additional instructions

I authorize the release of my school transcript, test scores and other relevant school records to the colleges and universities to which I will apply. I understand that teacher and counselor recommendations are confidential documents and hereby waive access to them.

 Signature of student (or parent, if less than 18 years of age) Date

Telephone number where you can be reached: _____

Date Received: _____
 Date Mailed: _____
 Action taken by: _____