

HERNDON HIGH SCHOOL TRANSCRIPT REQUEST

Student Name: _____

Counselor: _____

Each student is responsible for completing and sending his/her applications. A transcript packet is mailed from the school. It will include:

- Your transcript which lists all final grades through the end of your junior year, your grade point average (GPA), and courses in progress
- Counselor recommendation, if requested
- Herndon High School and Fairfax County Public School Profile
- A Secondary School Report form

IMPORTANT INFORMATION

HERNDON HIGH SCHOOL DOES NOT SEND TEST SCORES. YOU MUST REQUEST THAT YOUR SAT AND ACT SCORES BE SENT DIRECTLY FROM THE TESTING PROGRAM (COLLEGE BOARD OR ACT) TO THE COLLEGES OF YOUR CHOICE.

RECOMMENDATION LETTERS ARE CONFIDENTIAL AND CANNOT BE VIEWED BY STUDENT OR PARENT.

PLEASE FILL IN YOUR REQUESTS ON THE OTHER SIDE OF THIS FORM AND TURN IT IN TO YOUR COUNSELOR. THE FIRST THREE TRANSCRIPTS ARE FREE. EACH ADDITIONAL TRANSCRIPT IS \$5.00 AND MUST BE PAID AT THE TIME THE TRANSCRIPT IS REQUESTED.

PLEASE REQUEST YOUR TRANSCRIPTS AT LEAST FIFTEEN SCHOOL DAYS BEFORE THE APPLICATION DEADLINE.

PLEASE SUBMIT A 9 X 12 ENVELOPE WITH THREE (3) FIRST CLASS STAMPS FOR EACH COLLEGE TO WHICH YOU APPLY. PLEASE PRINT OR TYPE THE COLLEGE ADDRESS CLEARLY IN INK. RETURN ADDRESS IS HERNDON HIGH SCHOOL, 700 BENNETT STREET, HERNDON, VA 20170. IN THE LOWER LEFT CORNER OF THE FRONT OF THE ENVELOPE, PLEASE PRINT: "RE: YOUR FULL LEGAL NAME."

Parent Signature

Date

Student Signature

Date

STUDENT NAME _____ **COUNSELOR** _____

					HHS STAFF USE ONLY			
Name of College, NCAA, Military or Scholarship	College Deadline Date	Early Decision (ED), Early Action (EA), Rolling, or Regular	Common Application or Secondary School Report Form Yes or No	Counselor Recommendation Requested Yes or No	Date given to Counselor	Date Given to Transcript Assistant	Date Mailed	Fee Paid
1.								N/C
2.								N/C
3.								N/C
4.								
5.								
6.								
7.								
8.								
9.								
10.								