

**HERNDON HIGH SCHOOL**

**TRANSCRIPT REQUEST/RELEASE FORM**

Counselor: \_\_\_\_\_

**Last Name                      First                      Middle                      Birthdate                      SSN**

•The student is responsible for mailing the application to the college. Herndon mails only the transcript. Do not request your transcript be sent until you have mailed the application; the college admissions office does not open a file for you until the application is received.

•Transcripts must be requested at least TEN SCHOOL DAYS before the due date to allow necessary processing time. Transcript requests for January 1 deadlines **MUST BE RECEIVED BY THE END OF THE FIRST WEEK IN DECEMBER.**

•Transcripts will be processed in order of receipt.

•Three transcripts are free for current seniors. In May on the Senior Survey you will indicate where we are to send your final transcript (no charge).

**PLEASE FILL IN THE NAME OF THE COLLEGES BELOW. DO NOT SUBMIT WITHOUT ATTACHED SELF ADDRESSED 9 x 12 ENVELOPES, INCLUDING 3 STAMPS, Return Address is Herndon High School 700 Bennett Street, Herndon VA 20170.**

*\*\*\*\*\*FOR OFFICE USE ONLY\*\**

<b>COLLEGE NAME</b>	<b>Common App or Sec Form</b>	<b>Date Given to Counselor</b>	<b>Date Given to Registrar</b>	<b>Date Sent by Registrar /Initials</b>	<b>Fee</b>
1.					
2.					
3.					
4.					
5.					
6.					
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8.					
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11.					
12.					

Comments/Notes:

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\_\_\_\_\_  
\_\_\_\_\_

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I hereby authorize Herndon High School to forward any information that may be requested from my official school records including my transcript, discipline record and GPA to colleges, employers, or scholarship agencies. The schools to which I am applying are listed on the reverse side of this form. I can add schools at a later date or I can delete schools in which I am no longer interested. I further give permission for a letter of recommendation to be written by the counselor/teacher when requested by the college, employer, or scholarship agency. **By signing this form, I understand that I am waiving my right to see the letter of recommendation.**

NOTE: The student is responsible for sending the application and standardized test scores to the college/university. The counselor will fill out the counselor portion, if any, of the application and mail the counselor portion to the college/university with the official transcript. The first three transcripts are free to current seniors. **Each subsequent transcript is \$5.00.** Please allow two weeks for processing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date