



# Transcript Request Form

Marshall High School CEEB Code: 470794

Name (Last, First, Middle Initial)

Date of Birth

Social Security Number (optional)

Graduation Year

**Check the Items below before you give this form to your counselor:**

- One **BLANK** 9" x 12" manila envelope for **each** transcript requested. **(Do Not Address Envelope!)**
- Three stamps for **each** transcript requested.
- \$5.00 for **each** transcript, official or unofficial. The first three are provided free of charge.
- Completed College Planning Packet.
- Graduates - \$5.00 for each transcript.

GCM does not mail Standardized Test Scores (SAT, ACT, TOEFL) to colleges.

You must request them through College Board or ACT.

I \_\_\_ **waive** \_\_\_ **do not waive** the right to read my counselor's recommendation.

Print Neatly: Name of College or Scholarship Street Address City, State Zip Code	College Deadline Date	Recommendation Needed?	Early Action (EA) Or Early Decision (ED)?	Special Mailing Instructions	For Student Services Use Only		
					Date Given to Counselor	Fee Paid? Y/N	Date Mailed from Student Services

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Student's Signature

Parent's Signature (if student is not 18)

