

CEDAR CREST HIGH SCHOOL ♦ Mid-Year Transcript Request Form

You must allow **10 SCHOOL DAYS** for the Counseling Office to process your request!

Date submitted to Counseling Office: _____

Student Name: _____ Graduation Year: _____
Student Email Address: _____ Counselor: _____
Intended College Major: _____

1. Post-Secondary School(s): _____

2. Application Deadline: _____

3. Application Fee:

- \$1.00 Mailing Fee Attached → There is NO fee for Common App requests
- \$3.00 Late Fee Attached → If not received 10 school days prior to the deadline
Your materials will be expedited, however, there is NO GUARANTEE they will be received by due date if submitted late

4. Application Type:

- Common Application → *Counselor will upload your transcript to Common App*
- Online Application (College/University Website) → *Counselor will mail your transcript to the school, unless directed otherwise*

5. Items Requested from Counselor:

- Mid-Year Transcript
- Completion of Secondary School Report/Counselor Form

6. Do you want SAT or ACT scores printed on the Mid-Year Transcript?

SAT: Yes No ACT: Yes No

7. Special Requests: _____

* If you need additional materials sent with the Mid-Year Transcript, please attach them to this form and list what they are below:

- 1.
- 2.

Student Verification:

- I have reviewed and signed all necessary forms
- All required information is attached and ready to be mailed

Student Signature: _____ Parent Signature: _____

Date: _____ *(Required for students 17 years and younger)*

Office Use Only

Date submitted to counselor: _____ Initials: _____

Date all materials mailed/emailed/uploaded by Counseling Office: _____ Initials: _____