

**Transcript Request Form
Salem High School**

Today's Date: _____ College Due Date: _____ YOG: _____

Student Name: _____ SHS ID # _____

Phone # _____ Email Address: _____

Counselor: _____ Include counselor recommendation: Yes No

**YOU MUST HAVE YOUR SAT/ ACT/TOEFL SCORES OFFICIALLY SENT
DIRECTLY FROM THE COLLEGE BOARD OR THE ACT**

EARLY DECISION EARLY ACTION REGULAR DECISION ROLLING
ADMISSION

Please send my school records to:

College/Organization: _____

College Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____

Parent/Guardian Signature: _____

(Required if student is under the age of 18)

Instructions: The Transcript Request Form must be submitted to your Guidance Counselor 2 weeks prior to the deadline (see Application Deadline Calendar). You must also include the following items.

\$2.00 fee per College/Institution

Only those transcripts sent from the Guidance Office are OFFICIAL. Cash or one check made payable to "Salem High School".

For Guidance Use Only:

Fee received: _____

Date accepted by Guidance Counselor: _____

To be mailed: _____ To be returned to counselor: _____

Date returned to counselor: _____

Date mailed: _____

Entered into Naviance _____