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_________