

TRANSCRIPT REQUEST FORM

[This form must be submitted to your counselor listing each college to which you are applying and requesting a transcript to be sent]

NAME: _____

DATE: _____

Waiver:

*I request that my counselor submit a descriptive statement in support of my application to the colleges listed below. I understand that this letter of recommendation is confidential and I hereby waive any and all rights under the family Education Right and Privacy Act of 1974. I understand that I am waiving my right to access this letter and understand that I will never see this recommendation.

*I request that the counseling office mail a copy of my official transcript containing a list of courses and grades earned.

Student Signature: _____ Date: _____

List Private and/or Out-of-State Institutions Here:

1. _____ ED EA Rolling Regular MY
2. _____ ED EA Rolling Regular MY
3. _____ ED EA Rolling Regular MY
4. _____ ED EA Rolling Regular MY
5. _____ ED EA Rolling Regular MY
6. _____ ED EA Rolling Regular MY
7. _____ ED EA Rolling Regular MY
8. _____ ED EA Rolling Regular MY
9. _____ ED EA Rolling Regular MY
10. _____ ED EA Rolling Regular MY
11. _____ ED EA Rolling Regular MY
12. _____ ED EA Rolling Regular MY

Legend: ED= Early Decision EA= Early Action MY= Mid-Year

Check the CSU/UC/CC * schools you are applying to:

CSU		UC	CC
<input type="checkbox"/> Bakersfield	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Moorpark
<input type="checkbox"/> Cal Maritime	<input type="checkbox"/> Northridge	<input type="checkbox"/> Davis	<input type="checkbox"/> Oxnard
<input type="checkbox"/> Cal Poly San Luis Obispo	<input type="checkbox"/> Monterey Bay	<input type="checkbox"/> Irvine	<input type="checkbox"/> Pierce
<input type="checkbox"/> Cal Poly Pomona	<input type="checkbox"/> Sacramento	<input type="checkbox"/> UCLA	<input type="checkbox"/> SBCC
<input type="checkbox"/> Channel Islands	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Merced	<input type="checkbox"/> Santa Monica
<input type="checkbox"/> Chico	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Riverside	<input type="checkbox"/> Ventura
<input type="checkbox"/> Dominguez Hills	<input type="checkbox"/> San Diego	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Other
<input type="checkbox"/> East Bay	<input type="checkbox"/> San Marcos	<input type="checkbox"/> Santa Cruz	
<input type="checkbox"/> Fresno	<input type="checkbox"/> San Jose	<input type="checkbox"/> San Diego	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Sonoma		
<input type="checkbox"/> Humboldt	<input type="checkbox"/> Stanislaus		
<input type="checkbox"/> Long Beach			

*Check each campus for details as to transcript requirements

For Office Use Only

Initial Transcript	\$5 x _____ = \$ _____
M.Y. Transcript	\$5 x _____ = \$ _____
Final Transcript	\$5 x <u> 1 </u> = \$ <u> 5 </u>

Total Cost: \$ _____
Paid _____ Not Paid _____