

DAMASCUS HIGH SCHOOL  
TRANSCRIPT REQUEST

**DUE THREE WEEKS PRIOR TO APPLICATION DEADLINE**

STUDENT NAME \_\_\_\_\_

NAME OF COLLEGE  
OR SCHOLARSHIP \_\_\_\_\_

COMPLETE COLLEGE ADDRESS \_\_\_\_\_

REQUEST FOR:

\_\_\_\_\_ COMPLETE TRANSCRIPT

\_\_\_\_\_ COUNSELOR RECOMMENDATION

APPLICATION DEADLINE: \_\_\_\_\_

**DO NOT LEAVE BLANK**

THE FIRST THREE TRANSCRIPT REQUESTS ARE FREE:

\_\_\_\_\_ I HAVE ATTACHED \$3.00 TO THIS REQUEST (AFTER 3<sup>RD</sup>  
TRANSCRIPT REQUEST)

\_\_\_\_\_  
SIGNATURE OF PARENT (IF UNDER 18)

\_\_\_\_\_  
DATE

**PLEASE NOTE: STUDENTS MUST ARRANGE FOR THEIR SAT AND ACT  
SCORES TO BE SENT DIRECTLY FROM THE TESTING COMPANY TO  
THE SCHOOLS.**

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ DATE TO COUNSELOR \_\_\_\_\_ DATE FROM COUNSELOR \_\_\_\_\_

\_\_\_\_\_ COUNSELOR LETTER OR RECOMMENDATION \_\_\_\_\_ ADDRESSED ENVELOPE

\_\_\_\_\_ PROFILE ATTACHED \_\_\_\_\_ TRANSCRIPT ATTACHED

COUNSELOR'S INITIALS \_\_\_\_\_ DATE MAILED \_\_\_\_\_

REGISTRAR'S INITIALS \_\_\_\_\_

**NOTE: THIS FORM IS ALSO USED FOR SCHOLARSHIP REQUESTS**