| Today's Date: | To Counselor: | Date Sent: |
|---|---|---|

# TRANSCRIPT REQUEST

## This form must be completed for each transcript request.

*Additional forms are available from the registrar or on the QOHS website (see Departments/Counseling).*

STUDENT'S NAME: _____

ID #: _____ GRADE: _____

COLLEGE/UNIVERSITY/SCHOLARSHIP: _____
ADDRESS: _____
_____
_____

DEADLINE DATE: _____
***(MUST be no less than 15 school days after you submitted the request.)***

Are you applying **EARLY DECISION?** ____ Yes ____ No

Have you done the following?

| | | |
|---|---|---|
| Included Secondary School Report | ____ Yes | ____ No |
| Included envelope with correct postage | ____ Yes | ____ No |

Do you need Counselor Letter of Recommendation? ____ Yes ____ No

Name of Counselor: _____

**********

I am requesting a transcript only ____ Yes ____ No

____ I **have not** had a schedule change that affects my courses in progress.

____ I **have** had a schedule change that affects my courses in progress.
Changes made: _____

QOHS Transcript Fee $_____

FIRST TWO TRANSCRIPTS ARE FREE.
THIRD THROUGH FIFTH ARE $3.00 EACH. SIX OR MORE ARE $5.00 EACH.
**TRANSCRIPT FEE IS TO BE PAID WHEN REQUEST IS MADE.**