

Sherwood High School
College Transcript Request Form
(Please print clearly in ink or type)

Name: _____ Counselor: _____ Student ID#: _____

SS#: _____. I waive my right to access my college file _____
Student if over 18 years old/Parent if under 18 years old

Student Brag Sheet _____ Parent Brag Sheet _____	Secondary Report _____ Resume _____	SAT/ACT/ AP SCORES	Needs to bring _____	Other: _____
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#	Paid	Name and Complete address of school	Date Requested	Application Type	Deadline Date	Date mailed	Mid Year Transcript	Final Transcript
1	Free			Regular _____ Rolling _____ Early Action _____ Early Decision _____ Priority _____				
2	Free			Regular _____ Rolling _____ Early Action _____ Early Decision _____ Priority _____				
3				Regular _____ Rolling _____ Early Action _____ Early Decision _____ Priority _____				
4				Regular _____ Rolling _____ Early Action _____ Early Decision _____ Priority _____				
5				Regular _____ Rolling _____ Early Action _____ Early Decision _____ Priority _____				

***Note:** After the second transcript all transcripts are \$5.00. There is no additional charge for mid-year and final transcripts. *However students need to provide complete addresses to the schools requested.*

_____ Date

_____ Student's Signature (if 18 years old)

_____ Parent's Signature (if student is under 18)