

DAMASCUS HIGH SCHOOL
TRANSCRIPT REQUEST
DUE THREE WEEKS PRIOR TO APPLICATION DEADLINE

STUDENT NAME: _____ STUDENT ID: _____

NAME OF COLLEGE
OR SCHOLARSHIP: _____

COMPLETE COLLEGE ADDRESS: _____

REQUEST FOR:

_____ COMPLETE TRANSCRIPT

_____ COUNSELOR RECOMMENDATION

COLLEGE APPLICATION DEADLINE: _____

DO NOT LEAVE BLANK

STUDENT CHECK LIST:

_____ I HAVE COMPLETED THE SENIOR INFORMATION SUMMARY IN
NAVIANCE

_____ I HAVE MATCHED MY COMMON APP ACCOUNT IN NAVIANCE

_____ I HAVE ATTACHED \$3.00 TO THIS REQUEST (AFTER 3RD
TRANSCRIPT REQUEST)

****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 SENT TO COUNSELOR _____

_____ COUNSELOR LETTER OR RECOMMENDATION _____ ADDRESSED ENVELOPE

_____ PROFILE ATTACHED _____ TRANSCRIPT ATTACHED

COUNSELOR'S INITIALS _____

DATE MAILED _____

REGISTRAR'S INITIALS _____

SENT ELECTRONICALLY _____

(CA or Edocs)