

**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:

_____ COMPLETED THE SENIOR INFORMATION SUMMARY IN NAVIANCE

_____ MATCHED MY COMMON APP ACCOUNT IN NAVIANCE

_____ 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 ELECTRONIC _____
(CA or Edocs)