Timothy Christian High School
TRANSCRIPT REQUEST FORM

Please print – complete items 1 – 7. *[There is a one time $10.00 fee due with the first transcript. No payment is required for each subsequent transcript.)*

1. **Today's Date**: _____

2. **Student Name**: _____

3. **Guidance Counselor** *(Circle One)*: Mrs. David *(A-K)* Mrs. Raley *(L-Z)*

4. **Send transcript to:**
Name of Institution:_____
Attention: _____
Street Address: _____
City: _____ State: _____ Zip Code:_____

5. **Check one:** *(Read all choices before you respond)*
_____Send transcript **ONLY**.
_____Send transcript with **my college application (attach completed application)**
_____Send transcript with **counselor's recommendation (attach form)**
_____Send transcript with counselor's recommendation **AND** my portion of the college application (**attach your application and counselor recommendation form)**
_____Send transcript with **counselor recommendation, teachers' recommendation, and my portion of the college application (attach completed application and all forms)**

6. **Include the following standardized test scores:**

ACT test: _____ (month/ year)
SAT I test: _____ (month/ year)
SAT II Subject test:
subject _____ (month/ year) subject _____ (month/ year)

AP Test(s): subject _____ subject _____

7. **Signed:** _____ *(Student Signature)* ***NOTE:*** *<u>This request may take up to 2 WEEKS to process!</u>*

For office use only: ***Special Notes:***

Date Received	
Secretary	
Registrar	
Counselor	
Sender	
Date sent	