TRANSCRIPT REQUEST FORM

Timothy Christian High School

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 college application.
_____Send transcript with counselor's recommendation
_____Send transcript with counselor's recommendation AND my portion of the college application.
_____Send transcript with counselor's recommendation, teacher's recommendations and my portion of the college application.

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

For office use only:

Date received_____ Special Notes:
Secretary_____
Registrar_____
Counselor_____
Person who sent_____
Date sent_____