**Eleanor Roosevelt High School
Transcript Request Form**

* Complete **one** Transcript Request Form for each request
* Allow **10** working days for each request
* Use envelope school provides. **DO NOT SEAL ENVELOPE**
	+ Hand carried request must have name on the back of the envelope
	+ Transcript requests to be mailed by ERHS must have **2 stamps** on envelope and the **envelope must be addressed**
	+ Check if **Unofficial** or **Official** **(all mailed transcripts by ERHS must be official)**
* For a Counselor Recommendation, allow 3 weeks for processing. Please provide the following documents to your counselor at the time of requesting the transcript:
	+ A copy of your resume
	+ Copies of teacher recommendations
	+ A completed student questionnaire

Today’s Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Due Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Requested by (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Type: \_\_\_\_Official (Required by college/ERHS mails or sends electronically) \_\_\_\_Unofficial(personal use & hand-carried)
>**If You Selected *Official*,** **Select 1:** \_\_\_\_\_Mail (*See above about Envelopes*) \_\_\_\_Electronic \_\_\_\_\_Hand-Carried (*See above about Envelopes*)
 **>If You Selected *Electronic*, Select**: \_\_\_\_\_Common App \_\_\_\_\_SENDedu \_\_\_\_\_College’s Website
Other Requested Documents (Select as many as apply): \_\_\_\_\_Form to be filled out by Counselor\_\_\_\_\_Letter of Recommendation

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
 (Last Name) (First Name) (M.I.)

Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month/Year of Graduation:\_\_\_\_\_/\_\_\_\_\_

*Please Mail one Transcript to:*

*Check Appropriate Smaller Learner Community*
\_\_\_\_\_Science/Technology
\_\_\_\_\_QUEST
\_\_\_\_\_Cambridge Capstone
\_\_\_\_\_Academy of Finance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Institution/Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of College/Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City State Zip Code

* Student Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Request Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Mailed:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sent to Counselor:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Completed:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_