**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:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_