



FOR REGISTRAR ONLY

REC'D IN GUIDANCE _____

Mailed _____

**JAMESTOWN HIGH SCHOOL
TRANSCRIPT REQUEST FORM
(PLEASE PRINT)**

*****REQUEST MUST BE MADE AT LEAST 10 WORKING DAYS BEFORE DEADLINE*****

NAME: _____

(LAST)

(FIRST)

APPLICATION DEADLINE: _____

____ *Regular Decision* ____ *Early Decision*
____ *Rolling* ____ *Early Action*

NAME AND ADDRESS OF ADMISSIONS OFFICE:

Additional Information (if any):

REQUEST

Please check all that apply.

- ____ Official Transcript
- ____ Common Application
- ____ Secondary School Report
(If applicable: attach and sign)
- ____ Counselor Recommendation
- ____ Teacher Recommendation(s)

1. _____

2. _____

IMPORTANT: There is a \$2.00 fee per transcript request. Students are responsible for mailing or electronically filing their portions of college applications and submitting fees.

****It is the student's responsibility to request SAT/ACT scores from the Testing Agency.***