



FOR REGISTRAR ONLY

REC'D IN GUIDANCE _____

PROCESSED _____

**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:

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.****