NORTHLAND
Christian School

OFFICIAL TRANSCRIPT REQUEST FORM

Date Requested: ____________________

Date Needed: ____________________

First Transcript Request: ____________________

Mid-Year Transcript Request: ____________________

Final Transcript Request: ____________________

Name of Student: ____________________

Name of College/University: ____________________

College/University Applicant ID number: ____________________

Type of Application (Common App/ApplyTexas, etc.) ____________________

Address of College/University: ____________________

____

Name of Scholarship: ____________________

Address of Scholarship: ____________________

____

Mail transcript *directly* to college/university or scholarship foundation? **Yes / No**

Postmark Deadline: ____________________

Special Instructions: ____________________

____

____

Are letters of recommendation to be included with transcript? ____________________

If yes, which teachers have been requested to write letters? ____________________

____

FOR OFFICE USE ONLY:

Date received by Counselor: ____________________

Date mailed directly to College/University or Scholarship Foundation: ____________________