

# Senior Transcript Mailing Request Form

Student Name \_\_\_\_\_

I hereby authorize and request that Rockbridge County High School forward transcripts (including standardized test scores) to the college(s)/institution(s) listed below. Please note that transcripts will not be sent without the required signature(s) and money to cover postage costs. Please complete shaded areas ONLY.

\*\*A Student Brag Sheet is required for Ms. Mock to write a letter.

College Name	Application Deadline:	Date Received by the Guidance Office:	Postage Paid Per Application \$1.00	Is This a Common Application?	Is a Counselor Letter Needed? **	List all letters of recommendation to be submitted: (Please List)	Date Application Mailed/ Transmitted from Guidance
1.						<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
2.						<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
3.						<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
4.						<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
5.						<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

\_\_\_\_\_  
Student Signature (if student is over 18)

\_\_\_\_\_  
Parent Signature (if student is under 18)