

Timberlane Regional High School
Guidance Office

Transcript/Recommendation Letter Request Form

Please allow ONE WEEK for processing all transcript requests.

Today's Date: _____

Date Received

TRHS Office Use Only

Name of Student (please print): _____

Number of Transcripts: _____

Official Copy: Yes _____ No _____

Note: All official transcripts and letters of recommendation will be mailed directly from the TRHS Guidance Office. Unless otherwise indicated, all test scores will be sent.

| <u>College/Scholarship to receive Information (State contact if other than Admissions)</u> | <u>Mailing Date Deadline (Do not state "ASAP")</u> | <u>List Recommendation Letters To be sent to each college/scholarship</u> |
|--|--|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Are you using the Common Application _____ Yes _____ No *(Please Check Accordingly)*

Note: The first 5 official transcript mailing requests for colleges/scholarships will be processed at no charge.

A fee of \$3.00 per transcript will be required for all additional transcript requests for college applications.

A fee of \$1.00 per transcript will be required for all additional transcript requests for scholarship applications.

Special Requests: _____

Student Signature: _____

Parent Signature: _____
(Parent signature required if student is under the age of 18.)