HAVERFORD HIGH SCHOOL REGULAR MAIL TRANSCRIPT REQUEST FORM

Completion of step 12 on the <u>Transcript Request Instructions for Post High School Applications</u> will initiate the 15 school day processing time for your paper transcripts.

The Counseling Office will begin accepting Transcript Requests on the first student day of the school year.

Name:		Section:	Date of Birth:	
Please check one:		□ Early Action □ Regular Decision e (as set by the school you are applying to)		
			YES	NO NO
If no, please		<u>e Permission Form</u> ? no or the HHS Counseling website, comple be completed prior to requesting your first ∃		
2. Have you complete If no, please I	ed the <u>Transcript Reques</u> og in to Naviance, comple	st Page on Naviance? ete and then bring this envelope back to Mr		
If yes, make s	sure it is enclosed in this e			
, , ,	ou completed the following	etter of Recommendation? g required forms on Naviance?		
If no places l	Student Evaluation Activities Record Activities Record		D Novino	
5. Have your parent(s	s)/guardian(s) completed t nave your parent(s)/guard	the Parent Information Sheet on Naviance ians(s) log in to Naviance using your ID and mation Sheet and complete.	e?	
The following need to	be completed before Mrs	. Novino will accept your Regular Mail Tran	nscript Request Envelope:	
	sion testing scores sent v quest Form (stapled to en	ia <u>www.collegeboard.org</u> (SAT) or <u>www.ac</u> ovelope)	tstudent.org (ACT)	
	, , ,	ete both sides, adhere 1 stamp		
 HHS 9" X 12" 	Envelope addressed to the	ete one side, adhere 1 stamp ne school you are applying to, adhere 2 sta ation Form enclosed in the HHS Envelope (
Please accurately wri	te the address of the scho	ool you are applying to as it appears on the	front of the HHS Envelope:	
Completion of the <u>Train</u> my Official Transcript by the Counseling Off	and Senior Year Schedul	sion Form acknowledges my permission for e to the address listed above. I am aware	or Haverford High School to r that a School Profile will be i	elease ncluded
Date Received by Co	unseling Office:	Date Entered in Spreads	sheet:	

Date Mailed by Counseling Office: _____ Counselor Signature: ____