

**OFFICIAL TRANSCRIPT REQUEST FORM**

BLOOM-CARROLL HIGH SCHOOL GUIDANCE DEPARTMENT

5240 PLUM RD. NW, CARROLL, OH 43112 • 740-756-9525 (FAX) • TKACKLEY@BLOOMCARROLL.ORG

THIS FORM MUST BE COMPLETED AND RETURNED TO GUIDANCE OFFICE BEFORE A TRANSCRIPT WILL BE SENT

\_\_\_\_\_  
Student name - Please print

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Today's Date

**The purpose of this Transcript Request is for me to:**

\_\_\_\_ Apply to college or pursue higher education

\_\_\_\_ Transfer to another high school

\_\_\_\_ Enlist in the armed forces

\_\_\_\_ Obtain employment

\_\_\_\_ Apply for scholarship

\_\_\_\_ NCAA

\_\_\_\_ Other (Please specify) \_\_\_\_\_

**Please check which admission option is associated with your college admissions deadline (if applicable):**

\_\_\_\_ Regular Decision

\_\_\_\_ Early Decision

\_\_\_\_ Action

\_\_\_\_ Priority Scholarship Deadline

**Are any of the following items attached for submission? If so, please indicate.**

Fees \_\_\_\_\_ YES

Recommendations \_\_\_\_\_ YES (If so, who?)

Counselor Form \_\_\_\_\_ YES

Other \_\_\_\_\_

Will you be applying to this college via the Common Application?

\_\_\_\_ YES      \_\_\_\_ NO

Have you already applied to this college?

\_\_\_\_ YES      \_\_\_\_ NO

**ESTIMATED** date you will be submitting your college application \_\_\_\_\_

APPLICATION DEADLINE: \_\_\_\_\_

Permission is hereby granted for the release of a transcript/grade card of high school grades. It is to be sent to the following address:

Name of College/Organization: \_\_\_\_\_

Address: (Please print neatly): \_\_\_\_\_

Student Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Submittal Date: \_\_\_\_\_ Submitted by \_\_\_\_\_