

South Side High School -- Counseling Office -- Transcript Release Form

Name: _____

Date: _____ IB Candidate: ☐ Yes ☐ No

Counselor: _____

Email Address: _____

Office Use Only

Date Received: _____

Date Processed: _____

Fee waiver eligible: _____

Fee waiver signed: _____

ED Agreement applicable: _____

ED Agreement signed: _____

Please note: Colleges must be listed on your Common Application PRIOR TO SUBMITTING THIS FORM! Failure to do so will delay processing.

	Name of College/University	Early Decision I or II, Early Action, Priority, Rolling, Regular Decision	Application Type: Common App, SUNY, CUNY, Coalition, School Specific	Application Deadline	Did you already submit this application online? Yes or no	ACT, SAT, and/or SAT Subject Test scores sent? Yes, No or Test Optional
1						
2						
3						
4						
5						
6						
7						
8						

Letter of Recommendation: Please list in order of preference – Teacher #1 will be sent to schools that only accept one (1) teacher recommendation letter.

Teacher #1: _____

Teacher #2: _____

“The information listed above is correct. I am responsible for filling out a new transcript release form should I need to add schools to my list and must submit it to the Counseling Office **two weeks before the application deadline** to be processed on time.” **Student Signature:** _____ **Date:** _____