



Transcript / School Document Request Form For College Applications

Documents include: School Profile, School Report, Letters of Recommendations, and Transcript

****Submit completed forms to your Counselor's Mailbox****

Instructions

- You must complete one of these forms for each school you are applying to and submit it at least **10 school days** before the application deadline.
- **For Mailed Applications:** All application materials will be submitted online unless the college does not accept electronic documents. If the college does not accept electronic documents, do the following: Paperclip this sheet to an 8.5 x 11 brown envelope that is addressed to the specific college with 5 stamps on it, with the following items inside:
 - College specific school report forms (if applicable)
 - Response Card: a self-addressed and stamped postcard. On the back of the card write: “(College Name) has received application materials from Biotechnology High School for (Your Name).”

Deadlines

If your college app is due on:	Submit your request by:		If your college app is due on:	Submit your request by:
October 15, 2018	September 28, 2018		December 1, 2018	November 15, 2018
November 1, 2018	October 18, 2018		December 15, 2018	December 3, 2018
November 15, 2018	October 30, 2018		January 1, 2019 (or later)	December 10, 2018

Request Checklist

1. Did you already submit your application to this school? ☐ Yes ☐ No
2. Did you already submit a “Transcript Request” on Naviance for this school? ☐ Yes ☐ No
3. If the college requires documents to be mailed, did you include the additional items? ☐ Yes ☐ No ☐ N/A

Student Name:	
Today's Date:	
College Name:	
Application Deadline:	
Application Submission Date:	
Application Type:	<input type="checkbox"/> Early Decision <input type="checkbox"/> Rolling <input type="checkbox"/> Regular <input type="checkbox"/> Early Action <input type="checkbox"/> Priority <input type="checkbox"/> Other: _____
How does the college accept documents?	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper
Which teacher letters of recommendation do you want sent?	Teacher 1: _____ Teacher 2: _____
Comments for counselor (Does your application have any special requirements?)	

Counselor Use Only - Do not write below this line

<input type="checkbox"/> BTHS Transcript (Initial)	<input type="checkbox"/> School Profile	<input type="checkbox"/> School Report	<input type="checkbox"/> Counselor Rec
<input type="checkbox"/> Teacher Recs	<input type="checkbox"/> Other requested documents (if applicable)	Date Sent: _____	Counselor's Initials: _____