

# DOHERTY MEMORIAL HIGH SCHOOL GUIDANCE OFFICE

## REQUEST TO SEND TRANSCRIPT/NOTICE OF COLLEGE APPLICATION

NAME: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

**\*This request form is due to the guidance office no later than 2 WEEKS before the application deadline noted below.**

### Release Authorization

- I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

Please select one: \*

- I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.
- I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my **selections on this page cannot be changed after any recommendation or application submission.** \*

Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

College Name:	Deadline:	EA / ED / REG / ROLLING

I understand it is my responsibility to request the official reporting of any standardized test scores (SAT, ACT, TOEFL, etc) to each college that requires official scores.

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

Parent Signature (if under 18 years old): \_\_\_\_\_

Date supporting materials sent by counselor: \_\_\_\_\_