REQUESTING MOUNT VERNON HIGH SCHOOL OFFICIAL TRANSCRIPTS & COUNSELOR REQUEST FORM

Student Last Name	Fi	irst Name	Date of Birth	/		
Student ID Number	Email Address		Counselor Name			
TRANSCRIPTS						
IS-111 release form. All fields must		to Ms. O'Hara, Transcript Spec	nested, your parent/guardian must sign the transcripcialist, before any records can be released to a colletest form.			
	all deadlines. Please address all requestessing your request. Allow a minimum o		pecialist, at plohara@fcps.edu. Allow a minimum of needed for scholarship applications.	f three weeks before the fi		
Each additional college transcript req	uest is \$5.00. Payment is preferred by cr	redit card at https://www.mysc	he transcript fee for any transcript needed to suppor hoolbucks.com/. You may also pay by cash or che fore any transcript requests are processed. <i>Fees are</i>	eck made payable to Mour		
To pay via MySchoolBu	ıcks:					
 Check the "Mount Ve Click the "Transcripts Select the student in t Click "Add to Basket Proceed to "View Car 	he dropdown box and the number of trai	nscripts you wish to pay for (no	ot including the three FREE transcripts). ipt Specialist.			
COUNSELOR RECOMMENDAT	ION					
Step 1: As with transcript requests, a	allow THREE weeks before the first col	lege application deadline.				
Step 2: Complete the "All About M your postsecondary plans, strengths,		Me tab> My Surveys> Surve	ys Not Started> All About Me. This survey prove	ides information about		
Step 3: Send your counselor an emai	l that you have completed the survey an	d specify if a Secondary School	ol Report is also needed.			
Step 4: Your counselor will upload t	he completed document(s) in Naviance	for Ms. O'Hara, Transcript Spo	ecialist, to send with your transcript.			
-			cholarship or agency. If a teacher letter of recomm lirectly from the College Board or ACT. MVHS do			
Student's Signature	Date	Parent/Guardian's S	ignature (if student is not 18) Date			

Student Name:

Student must complete columns 1 – 6. THE NAVIANCE SURVEY MUST BE COMPLETED 3 WEEKS IN ADVANCE FOR A COUNSELOR RECOMMENDATION

	Name of College, NCAA, Military Service, Scholarship, or Employer	City, State in which college or agency is located	3 Early Action, Early Decision, Regular, or Rolling Admission	4 Deadline Date	5 Counselor Recom- mendation Requested (Yes/No)	6 Secondary School Report Needed (Yes/No)	Office Use Only			
	ANY COLLEGE	ANY STATE	EA	11/1	YES	YES	Date Submitted	Date Processed	Transcript Specialist Initials	Fee Paid
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										