**MOUNT VERNON HIGH SCHOOL TRANSCRIPT REQUEST FORM**

**Student Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_   
  
Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Meet the application for admission and/or scholarship deadline set by the college, university or agency. You are responsible for applying for admission/scholarship.
* If you need to submit a teacher recommendation, contact the teacher in person and ask that he/she write a letter. It is the student’s responsibility to ensure submission of all teacher recommendations.
* Give the completed form to the Records Assistant in the Student Services office (inside the Main Office). The first three transcripts are free. Each additional transcript is $5.00.
* Forms will not be accepted without the required payment. Transcripts will be sent for free for any scholarship programs.
* Pay an additional $5.00 rush fee per transcript if you need it in 5 or less business days.
* Request that your SAT or ACT scores be sent directly from the testing program (College Board or ACT). Mount Vernon HS **DOES NOT** send test scores.

**Student must complete columns 1 – 6.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1**  **Name of College, NCAA,  Military Service,**  **Scholarship, or Employer** | | **2**  **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**  **Office Use Only**  **Secondary School Report Needed (Yes/No)** |  |  |  |  |
|  |  |  |  |  |  |  | **Date Submitted** | **Date Processed** | **Records Assistant’s Initials** | **Fee Paid** |
| 1 |  |  |  |  |  |  |  |  |  | No Charge |
| 2 |  |  |  |  |  |  |  |  |  | No Charge |
| 3 |  |  |  |  |  |  |  |  |  | No Charge |
| 4 |  |  |  |  |  |  |  |  |  |  |

I hereby request that Mount Vernon release the necessary official records to the colleges/universities, NCAA, military service, scholarship agencies or employers listed above.   
I understand the items outlined in the instructions above and that this form must accompany the first request.   
  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Signature (if student under age 18) Date Student Signature Date

**Student must complete columns 1 – 6.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1**  **Name of College, NCAA,  Military Service,**  **Scholarship, or Employer** | | **2**  **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**  **Office Use Only**  **Secondary School Report Needed (Yes/No)** |  |  |  |  |
|  |  |  |  |  |  |  | **Date Submitted** | **Date Processed** | **Records Assistant’s Initials** | **Fee Paid** |
| 5 |  |  |  |  |  |  |  |  |  |  |
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| 15 |  |  |  |  |  |  |  |  |  |  |

*Revised 9/2016*