

Sachem North High School Transcript Request Form

Student Name: _____ Student ID Number: _____

Student Email Address: _____ Phone Number: _____

(Only personal email addresses may be used for college applications, NOT your go.sachem.edu account.)

Name & Address of College/University or Scholarship Program:	Type of Admission: (college only) (circle one)	Application Deadline:	Type of Application: (circle one)
	Regular Admission Early Action Early Decision (binding)		Common App / SUNY / CUNY / Coalition / Other Application / Scholarship
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Please submit the following letters of recommendation (check all that apply):

Note: Each college has different requirements re: teacher letters of recommendation. Some colleges do not allow us to submit any teacher letters. Some require only one or only two. Some may allow more. Your teacher letters will be submitted in the priority order noted below in accordance with what the college will allow us to send.

_____ Counselor Letter of Recommendation
 _____ Teacher #1 Letter of Recommendation (Name: _____)
 _____ Teacher #2 Letter of Recommendation (Name: _____)
 _____ Other: _____

If there is any other information important for your counselor to know about this request, please note it here:

By signing below, I authorize Sachem North High School to release my academic records to the college/scholarship program indicated above. All letters of recommendation are confidential and not for review by students or parents. Should my course of study for 12th grade change, I understand it is my responsibility to notify each college's admissions office.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

For office use only:

Matched? Yes / No

Letters Uploaded to Naviance:

Counselor? Yes / No

Teacher #1? Yes / No

Teacher #2? Yes / No

Date Office Received (stamp):

Date Submitted:

____ / ____ / ____

Submitted by (initials): _____