

Your Name _____

Counselor Name _____

Date Given to Counselor _____

*Use this form to complete info requested on applications.

Mohonasen High School

Counseling and Career Center (C&CC)

2072 Curry Road

Schenectady, NY 12303

Transcript Request Form

PH: 356-8322 FAX: 356-8329

Mohonasen's CEEB Code: 335103

Counselor emails: ahuszar@mohonasen.org, mlockwood@mohonasen.org,

rpauley@mohonasen.org, and woodd@mohonasen.org

I am requesting a transcript for:

the following college: _____

the following scholarship: _____

Complete mailing address to send transcript: OR you will pick it up (check here) _____

Application due date: _____

College Major _____

Application	Yes	No
Applying Early Action		
Applying Early Decision		
Submitted Online (if yes, circle one)	SUNY App Common App or other	
Send Quarter 1 Grades		
MidYear Grades Report Attached	If using Common App	
Final Grade Report Attached	If using Common App	
SAT/ACT Sent from Test Center Directly	Rec if taking this fall	

College Entrance Exams	Date Taken/Will Take	Score
SAT *PLEASE send your		CR M Wr
SAT scores directly from		CR M Wr
SAT the test center if		CR M Wr
ACT taking exams this		Composite:
ACT fall.		Composite:
	Date Taken / Subject	Score
SAT Subject Test		
SAT Subject Test		

Recommendations	Person/ Relationship	Date Request Form Given
1 st Recommendation		
2 nd Recommendation		
3 rd Recommendation		

Office Use: ___ Tr ___ Q1 ___ S1 ___ SATRT ___ SATST ___ ACT ___ CRec

Date Sent: _____