

**SPRINGFIELD TOWNSHIP HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

Student Name: _____ **Date Submitted to Guidance:** _____

Email: _____

Name of the college/university or scholarship: _____

Type of Application (Check one):

Common Application Coalition Application School-Specific Application Scholarship Application

Early Deadline (Check one if applicable):

Early Decision Early Action Early Decision II Early Action II

Application Deadline: _____

* Allow at least 2 weeks to process

Indicate which teachers are completing recommendations for this application:

1. _____ 2. _____

I have submitted the following to the Guidance Office:

_____ **Student Activity Sheet**

_____ **Permission to Release Records Form**

For Office Use Only:

Date submitted: _____

Method of submission: Naviance Other electronic Mail Other _____

Note: Do not submit this form to guidance until the application has been submitted to the college or university.