

SOUTH RIVER HIGH SCHOOL TRANSCRIPT CHECKLIST

Student Name: _____ Date: _____ Counselor: _____

STEM

A Signed Secondary School Report or Counselor Report Form is attached for each college listed, if needed (see the college website for required supplemental forms)

Name of College and Mailing Address for Undergraduate Admissions Office	Application Deadline	Transcript	Secondary School or Counselor Form	Counselor Letter of Recommendation
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College Name

Street Address

City, State, Zip

College Name

Street Address

City, State, Zip

College Name

Street Address

City, State, Zip

Payment of \$2.00 per transcript is attached - Total Amount Paid: \$ _____ Cash / Check # _____

I have completed the South River Survey for 1st Semester Seniors on **FamilyConnection** at southriverhigh.org or have attached a Personal Resume

Transcript Requests can not be processed until all materials have been turned in, including a Release of Records form, Transcript Checklist and Counselor/Secondary School Report Forms, if needed, **with payment**. **Allow at least 10 working days for processing** transcripts with Counselor/Secondary School Reports or Letters of Recommendation. See the Guidance Secretary or School Registrar to process a request.

For Office Use Only

Date Received _____ Date to Counselor _____ Date Mailed _____