



Caroline High School
 19155 Rogers Clark Blvd
 Milford, VA 22514
 Office Phone: (804)633-9886
 Office fax: (804)633-0135

TRANSCRIPT REQUEST & LETTER of RECOMMENDATION

Directions: Fill out the form for the counselor who is writing you a letter of recommendation or fulfilling your transcript request.

REQUESTS MUST BE MADE AT LEAST TWO WEEKS PRIOR TO WHEN YOU ARE PICKING UP YOUR LETTER OR TRANSCRIPT.

***Include your senior profile/recent resume** so your counselor can use that to assist with writing your letter of recommendation!!!!

Some colleges require a Secondary School Report Form/Counselor Form as part of the admission process. Check your college's website for this form and attach it if required.

Name: _____

Date of Request: _____

****Preferred Pick-Up Date:** _____

****Students are responsible for mailing transcripts unless otherwise specified by the college.**

Check those that apply:

_____ Yes, I need a letter of recommendation.

_____ Yes, I have asked teachers to fill out a Student Information Form and return it to my counselor.

_____ No, I do not need a letter of recommendation.

_____ Yes, I have attached a secondary school report form and completed my part.

This letter is intended for (check all that apply):

_____ College

_____ Scholarship

_____ Other (explain below)

Name of College/Scholarship	Complete Address	Deadline Date

Student Signature: _____

Date: _____

For Counselor Use Only:

Date Received _____

Date Provided _____

_____ National Transcript Center (NTC)

_____ Student