

Haddon Township High School
Counseling Department
Transcript Request

Student Name: _____ Date: _____

Please Circle One:

College/University On-Line Application OR Common On-Line Application

* Application Deadline: _____ * ADDED IN YOUR NAVIANCE ACCOUNT _____

** (IMPORTANT) ** MATCHED COMMON APP to NAVIANCE _____

PLEASE bring in this transcript request form at least two weeks prior to application deadline
(To make sure all supporting documents have been received and ready to go)

School CEEB Code 311594

SAT and ACT Scores must be sent through the College Board

Name of College/ University/ Or Program:

Please submit electronically the following information (check all that apply)

_____ Transcript

_____ Using a Fee Waiver (YES -- NO)

_____ Applying Early Action/Decision (YES -- NO)

SAT and ACT Scores must be sent through the College Board

1st Choice Letter of Recommendation from _____

2nd Choice Letter of Recommendation from _____

3rd Choice Letter of Recommendation from _____

****COUNSELOR LETTERS WILL BE WRITTEN FOR ALL STUDENTS****

Parent Signature _____ Date _____

(Required if student is under 18 years of age)

Student Name _____ Date _____

PLEASE PRINT

FOR OFFICE USE ONLY

Date Processed: _____ SUBMITTED _____ MAILED _____ HAND CARRIED _____