

DATE _____



URSULINE ACADEMY
New Orleans

Transcript Request Form

NAME _____

OFFICIAL DEADLINE: _____

Please issue an official transcript of high school credit to: (If the address of the institution is not on this form it will not be sent.)

NAME OF COLLEGE/UNIVERSITY/INSTITUTION:

ADDRESS

Please attach the counselor recommendation form if needed.

Students are responsible for submitting official test scores to colleges. This can be done on-line by visiting the following websites:

SAT Scores: www.collegeboard.com

ACT Scores: www.actstudent.org

TRANSCRIPT REQUESTS MUST BE TURNED INTO THE COUNSELING DEPARTMENT 10 SCHOOL DAYS IN ADVANCE OF THE REQUIRED DATE.

Student Signature

Parent/Guardian Signature

Please attach \$2.00 if transcript must be mailed.