

Ursuline Academy High School



Transcript Request Form

Name _____

Date _____

Please issue an official transcript of high school credit to:

Name of College or University _____

Address: _____

Have you checked to see if a counselor or teacher recommendation form is needed?

Yes No

Have you included a counselor recommendation form with this request?

Yes No

Do you want your ACT/SAT scores sent? (This is a courtesy to help colleges see where you stand. This is an unofficial copy. You must have official scores sent directly from ACT or College Board)

Yes No

Student Signature _____

