

FAIRFIELD LUDLOWE HIGH SCHOOL

First Marking Period Grade Request Form

Student: _____ ID# _____ HR: _____

Counselor: _____ Date Received: _____
For Counselor's Use Only

Submit this form to your counseling office at least 3 weeks before your earliest deadline.
 Transcripts will be sent to all schools listed. Semester grades will automatically be sent when available.

Parent Permission on File _____ FERPA Completed _____
For Counselor's Use Only For Counselor's Use Only

College Name, City/State	App. Type ED/EA/RD/RL	College Deadline	Records Sent For Counselor's Use Only	
1.				
	ComApp: Yes/No		Edoc	Paper
2.				
	ComApp: Yes/No		Edoc	Paper
3.				
	ComApp: Yes/No		Edoc	Paper
4.				
	ComApp: Yes/No		Edoc	Paper
5.				
	ComApp: Yes/No		Edoc	Paper
6.				
	ComApp: Yes/No		Edoc	Paper
7.				
	ComApp: Yes/No		Edoc	Paper
8.				
	ComApp: Yes/No		Edoc	Paper

For Counselor's Use Only

Transcripts.			CAPT	SR	Letter	Profile	Other	Naviance
Initial	1 st MP	MY						