

FAIRFIELD LUDLOWE HIGH SCHOOL

Transcript 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 _____

For Counselor's Use Only

FERPA Completed _____

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			
2.				
	ComApp: Yes/No			
3.				
	ComApp: Yes/No			
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	ComApp: Yes/No			
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	ComApp: Yes/No			
8.				
	ComApp: Yes/No			

For Counselor's Use Only

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