



Eastern Regional High School

GUIDANCE SERVICES

Eastern Regional High School Transcript Request

****PLEASE ALLOW TWO WEEKS FOR PROCESSING AND DELIVERY OF YOUR TRANSCRIPT****

Student First and Last Name: _____

Counselor: _____

Clearly print name of college/university	Your application type (ED, EA, Priority, Rolling, or Regular)	College Deadline (Not the date you want your materials sent)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- I understand that college admissions test scores (SAT or ACT) are required and it is my responsibility to have them sent directly from the testing agency
- Common App Matched in Family Connection
- ED form signed (if applicable)

Electronic Signature of Student

Electronic Signature of Parent if student is under 18 years old

- I hereby authorize the release of a copy of my official transcript