

Counselor Recommendation/Counselor Statement Record

I hereby authorize school officials to send official student records/transcripts/recommendations for the following student.

Name of Student _____ Grade _____
 Date of Birth _____ Age _____
 Graduation Year _____

Name of College, University, Scholarship, etc.	Complete Mailing Address	Paper Copy		E-Copy/ Common App	
		Date Rec'd	Date Sent	Date Rec'd	Date Sent

**Counselor Statements/Recommendations/Transcripts must be requested 10 school days in advance of deadline.
 A pre-addressed stamped envelope should be included for each request.**

_____ Date

_____ Signature of Parent, Guardian, or Student over 18