



TRANSCRIPT REQUEST FORM

PLEASE NOTE: Please allow up to 10 school days for processing. There is a **\$3.00** per application processing fee.

Name: _____ Counselor: _____
Last First

I AUTHORIZE BLOOMFIELD HILLS HIGH SCHOOL TO RELEASE MY TRANSCRIPT:

STUDENT SIGNATURE: _____

STUDENT EMAIL ADDRESS: _____

STUDENT CELL PHONE: _____

	Applying to: (Print name of college/university AND city in which school is located)	Common App Y / N
1		
2		
3		
4		
5		
6		
7		

NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO HAVE ACT & SAT TESTING AGENCIES SEND TEST SCORES DIRECTLY TO COLLEGE(S). THE HIGH SCHOOL WILL **NOT** SEND TEST SCORES TO COLLEGES.

Comments: _____

OFFICE USE ONLY: PLEASE DO NOT WRITE IN AREA BELOW:

DATE RCV'D IN RECORDS: _____	TO COUNSELING: _____
OUT OF COUNSELING: _____	TRANSCRIPT SENT : _____
SCHOOL PROCESSING FEE(S) PAID: YES <input type="checkbox"/> NO <input type="checkbox"/> Amt of Processing Fee Paid: _____	