

*Coginchaug Regional High School
135 Pickett Lane, P.O. Box 280
Durham, CT 06422
Tel. 860-349-7221 Fax 860-349-7136*

Request for Transcript

This form is due: **College Deadline** **Due to Mrs. Ronan, Guidance Secretary**

OCTOBER 1	SEPTEMBER 11
OCTOBER 15	SEPTEMBER 21
NOVEMBER 1	OCTOBER 11
NOVEMBER 15	OCTOBER 24
DECEMBER 1	NOVEMBER 3
DECEMBER 15	NOVEMBER 21
JANUARY 1	DECEMBER 1
JANUARY 15	DECEMBER 14
FEBRUARY 1	JANUARY 10

Student Name: _____ **Year of Graduation:** _____

Name of School or Scholarship Program: _____ **State:** _____

College Deadline: _____

Complete the following:

Application is for rolling * early decision early action regular admission

*rolling admissions: college considers and makes a decision as soon as all the required credentials are received and notifies applicants.
Check to see if the school you are applying to uses a rolling admission procedure.

Date I am Applying _____ **Check this box if you are applying online using the "Common Application"**

I have completed the following:

- CRHS Release of Records (signed by parent/guardian or student if 18)
- SAT/ACT scores have been requested (from College Board or ACT)
- I have also requested this transcript on NAVIANCE
- I have requested teacher recommendations (if needed)

Names of Teachers writing recommendations:

Do I want/require a Counselor Recommendation: yes no

For Office Use:

Date Received: _____ Date Sent: _____

Transcript: _____

Permission to Release Records Yes No

Counselor Recommendations Yes No