

Request for records to apply for scholarship

Horseheads High School Counseling Office

Student Name:		Counselor:
Student em	ail address (if needed to emai	il a transcript to you):
I am request listed below		ol Counseling Office to release records as follows for the scholarship
Student Signature:		Date:
	Name of scholarship: Address: Web address: Email address	
days to proc		The Counseling Office requires ten working s. You must submit this request for records 10 days prior to the
What record	ds do you need for your sc	holarship application?
	Official transcript: Official transcripts will be given to you in a sealed envelope (which must remain sealed) for you to include in a scholarship application or we can mail the official transcript to the scholarship mailing address if you provide us with a stamped, addressed envelope. I want to pick up my official transcript. Mail my transcript to the scholarship address above. Upload my official transcript to	
	Unofficial transcript. We can give you a paper copy of an unofficial transcript or email the unofficial transcript to you or fax, upload or email the unofficial transcript to the scholarship address. I want to pick up my unofficial transcript Email my unofficial transcript to	
		ommendation. <u>Please note that you must turn in a Student Record</u> selor write a recommendation. Student Record Sheets are available in
	•	ls to be sent by the Counseling Office with your records such as an , fee, fee waiver, etc

 For office use only. Date received _______ Official transcript
 Unofficial transcript
 School report form
 Counselor recommendation

 Scholarship application
 Supplementary form
 Addressed stamped envelope
 other ______

 Date mailed ______
 Date given to student ______
 Date emailed _______