



# ST. CHARLES HIGH SCHOOL ELECTRONIC TRANSCRIPT REQUEST FORM



Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Certain colleges and universities use electronic document transfer services for the application completion process (SENDeDu, The Common Application, The Coalition for Access, Affordability, and Success, Universal College Application or institutional websites). By signing this form you grant St. Charles High School permission to release official transcript, supplemental application forms, SAT and/or ACT scores, student schedule, and counselor letter of recommendation (provide a resume with your request, and complete student questionnaire) for all electronic document transfer services received by colleges, universities and scholarship organizations.

Students must give the counseling office a minimum of 5 school days to complete all transcript requests (requests that require supplemental forms or a letter of recommendation may take up to 10 school days). Electronic transcript requests are free of charge.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_