

Transcript/Recommendation Request Form

Name: _____ DOB _____

Social Security Number: _____ - _____ - _____
(required by colleges and universities)

I played sports at Heritage Academy: yes _____ no _____

If yes, specify _____

I would like the following item(s):

_____ a transcript (\$10.00 each) X _____ (# of transcripts needed)

_____ a letter of recommendation (\$10.00)

_____ a counselor evaluation (no charge)

_____ other (please state) _____

PAYMENT IS DUE AT TIME OF REQUEST

Please mail to:

(Please include a complete name and address for each college/university.)

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- I understand that all requests must be made at least five business days in advance of the date on which they will be needed to assure that the requested materials will be ready when required.
 - I also understand that I must sign any waivers if they are included in order that my records may be accessed. If these waivers are not signed the request will not be completed.

(signature of student or parent making request)

(date requested)

FOR OFFICE USE ONLY:

Date rec'd _____ Pd. _____ Amount _____ Date mailed _____