

# Hicksville High School Transcript Request Form

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

Counselor: \_\_\_\_\_

## Processing Deadlines and Procedures:

Upon receipt of this request and all required materials, the guidance office will electronically submit an official High School Transcript, Hicksville High School Profile, Counselor Letter of Recommendation, and a School Report to each school listed below. There is a processing period of 15 school days from the date of receipt of this form and submission of all required guidance materials. **If you are applying to more than 7 schools, please complete multiple forms.**

The Following must be checked and confirmed before submitting your College Application to the Counseling Center:		✓ Below
1.	I have added the college/university to my Common Application account.	
2.	I have put the schools listed below on the "Colleges I'm Applying To" list in Naviance.	
3.	I have electronically signed the FERPA waiver in my Common Application account and matched to Naviance and/OR I give Hicksville High School staff permission to send parts of my academic record including but not limited to my transcript and letters of recommendation.	
4.	I have requested teacher letters of recommendation via Naviance.	
5.	If submitting test scores, I have sent SAT and ACT scores directly from the testing center to the college(s) I am applying to	

THIS FORM IS REQUIRED TO RELEASE INFORMATION TO THE SCHOOLS LISTED BELOW  
GUIDANCE MATERIALS WILL BE SENT ONLY TO THE SCHOOLS ON THIS FORM

Type of Application (✓) Check the box that designates how you are applying (✓)

College (Name, City, State)	Do you have an App Fee Waiver (Common App or Other)? (Y/N)	Common App	Other: CUNY, SUNY, through the College Website, Etc.	Early Decision	Early Action	Rolling Decision	Regular Decision	On-Site	App Due Date (MM/DD/YY)

I am applying for Early Decision and have discussed this with my counselor. ☐

It is policy of Hicksville High School to keep all letters of recommendation confidential including the secondary school report. I waive my right to read all letters of recommendation submitted under this cover.

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counseling Center Use ONLY: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_