TRANSCRIPT REQUEST FORM — Henry Abbott Technical High School

(for high school students)

Date: St	udent Name:		Counselor:
Date of Birth:	Year of Graduation:	Phone Number:	
Submit this compl	eted form to your school co	ounselor 10 days prior to	the college application deadline.
☐ Official Transcri☐ Letters of Recor etters; if applying thro email information into Names of T	ough common app, teachers will us your common app account) eachers:	(required for CT communecific school application - you rupload their letters of recomm	nust provide your counselor with copies of th endation electronically when you enter their
			ard or ACT to the college you are ying to a CT Community College, you
	ppy of your SAT scores and si		ymg to a cr community concec, you
☐ Mail/send to a	any and all schools and/or s	cholarships I apply to.	
Please complete ir	formation in table below.		
College/Unive	Applying throug CommonApp OI School Specific Application (ple indicate below)	Deadline	College/University Admissions Email Address (provide only if applying to colleges using their school specific application; if you don't know the email, look it up)
Signature:	STUDENT		PARENT
ice Use Only:		Date uploaded	to Common App
e submitted elect	ronically to college or SENDo	edu	
	<u> </u>		