



South Walton High School

STUDENT TRANSCRIPT REQUEST

For Office Use Only	
Date Received	_____
Date Sent	_____

Student Name _____ Graduation Year _____ Date _____

This form authorizes South Walton High School to prepare and process all transcripts or other college materials that are requested as part of college applications, scholarship applications, and/or athletic recruiting by college coaches.

NAME OF COLLEGE OR UNIVERSITY _____

____ **Mail to College or University**
ADDRESS OF ADMISSIONS OFFICE _____

Street Address/PO Box

City _____ State _____ Zip _____

____ **Fax to College or University**
FAX NUMBER () - _____

Transcripts cannot be sent by email

College Application Deadline _____

Check One: ___ Early Decision ___ Early Action ___ Regular Decision ___ Rolling Admission

Check One: ___ Applied via the COMMON APP/Other ___ Applied Directly to College/University

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ADDRESS OF ADMISSIONS OFFICE _____

Street Address/PO Box

City _____ State _____ Zip _____

____ **Fax to College or University**
FAX NUMBER () - _____

____ **Personal Copy:** ___ Pick Up ___ Mail

Transcripts cannot be sent by email

College Application Deadline _____

Check One: ___ Early Decision ___ Early Action ___ Regular Decision ___ Rolling Admission

Check One: ___ Applied via the COMMON APP ___ Applied Directly to College/University

Student Signature _____ Date _____

Student Address _____ Student Phone _____

College Deadlines: Please submit request two (2) weeks prior to college deadline date. Students are responsible for knowing college deadline dates and if it is a "postmarked by" or "received by" date. College deadlines given should be actual college deadline, not the date the student would like the request completely processed and mailed.