

Transcript Request Form
School Counseling Department
Hill Regional Career High School

Please fill out a form for each individual school you are applying to at least two weeks prior to their deadline!

Student Name : _____

Date: _____ Application Deadline: _____

College/University: _____

*Admissions Office Address: _____

(*only needed if school does not accept electronic applications!)

If your school only accepts **one** letter of recommendation, please write down which teacher letter you wish to be sent to the above school:

Teacher Name: _____