

COLLEGE APPLICATION TRANSCRIPT REQUEST FORM

Name _____ ID# _____ Today's Date _____

Student Signature: _____ Counselor Signature: _____

Parent Signature*: _____

*I grant Poudre High School permission to release my student's official transcript to the following colleges.

IB DP program: Yes No

Name of College/University	Application Deadline Submit transcript request at least two weeks in advance.	Application Type (circle one)	How are you applying? (circle one)	Transcript Fee \$3 each
		Early Decision Early Action Regular Decision Rolling Admissions	Common Application University's application	
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