

Transcript Request Form

Centreville High School CEEB Code: 470549

Student Name (Last, First, Middle)

Date of Birth

Student ID #

Phone Number

Graduation Year

Student E-Mail Address

Counselor Name

College Application Deadline	Transcript Request Deadline	<p>College transcript requests require a minimum of 30 days for processing. It is imperative that you PLAN AHEAD and follow the dates listed to the left. CVHS cannot guarantee on-time delivery for requests received after the deadlines posted.</p> <p>Self-Reporting Grades: All self-reported school applications must still be listed on the transcript request form.</p> <p>Please remember to complete the Consent for Release of Student Records form (IS-111).</p>	<p style="text-align: center;">TEST SCORES</p> <p>It is the responsibility of the student to request test scores from collegeboard.org or actstudent.org to be released to each college, university, or scholarship program to which they are applying. Centreville does not send test scores.</p>	<p>A transcript packet includes:</p> <ul style="list-style-type: none"> ✓ Official transcript (includes grades through junior year and senior year schedule) ✓ Secondary School Report ✓ Counselor Recommendation (if required by school) ✓ Centreville School Profile
October 15	September 14			
November 1	October 3			
November 15	October 17			
December 1	November 2			
December 15	November 15			
January 1	November 17			
January 15	December 1			
February 1	January 2			

College Name/Scholarship Name College City & State Or Street Address for Scholarship	EA, ED, ED2 Regular, *Rolling or On Site Admission	College/ Scholarship Application Deadline * Rolling Admission requests will be fulfilled within 30 days of receipt	Type of Application	Counselor Recommendation Required By College? Yes or No
			<input type="checkbox"/> Common Application* <input type="checkbox"/> Coalition Application <input type="checkbox"/> College-Specific App <input type="checkbox"/> Self-Report App	
			<input type="checkbox"/> Common Application* <input type="checkbox"/> Coalition Application <input type="checkbox"/> College-Specific App <input type="checkbox"/> Self-Report App	
			<input type="checkbox"/> Common Application* <input type="checkbox"/> Coalition Application <input type="checkbox"/> College-Specific App <input type="checkbox"/> Self-Report App	

***Common Application – Please create your common application account and invite the school counselor by the time you submit this form for your first common app school. Please use the counselors' fcps.edu email address when you invite them.**

Per FCPS Form IS-111, your signature on that form authorized Centreville High School to release the above named student's official records to the colleges or scholarships listed on this form. In addition, you indicated whether or not you waived your right to access letters of recommendations written by FCPS employees.

My child is on Free/Reduced Lunch and I am requesting a fee waiver: Yes No

Parent/Guardian Signature

Student Signature

Date

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