

COLLEGE APPLICATION TRANSCRIPT REQUEST

VALLEY STREAM CENTRAL HIGH SCHOOL DISTRICT

Student Name: _____ Date: _____
Last First

Email address: _____ Counselor: _____

Common Application: User Name _____ Password _____

SUNY Application Online: User Name _____ Password _____

CUNY Application Online: User Name _____ Password _____

NOTE: • SAT/ACT scores must be sent directly from College Board and/or the ACT Company. VSCHSD does NOT send your scores. SAT - www.collegeboard.org; ACT- www.ACT.org
 • Students who qualify for a fee waiver must submit the waiver to their counselor.

	Name of College/University	Common App ED**, EA*, Reg*** Decision	SUNY App ED**, Reg*** Decision	CUNY App ED**, Reg*** Decision	App. Due Date	Letters of Recommendation to be sent (Teacher Name)
1						
2						
3						
4						
5						
6						
7						
8						

***EA = Early Action **ED = Early Decision ***Reg = Regular Decision**

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Major: _____

Date from Counselor: _____

Date Submitted: _____

Counselor Initials: _____

Date Mailed: _____