

Joliet Catholic Academy
College/Career Center
TRANSCRIPT REQUEST FORM

STUDENT'S NAME _____ DATE OF BIRTH _____ DATE SUBMITTED _____

PERMISSION TO RELEASE STUDENT TRANSCRIPT AND WAIVER OF ACCESS

Colleges, universities, and other organizations request letters of recommendation from high school staff members. They generally prefer the recommendations be confidential, because they feel that confidential recommendations are more candid. This means you will not be able to see the letter of recommendation. Those recommendations carry significantly more weight in the admissions process than recommendations that parents, guardians, and students can access. The Counseling Department strongly recommends that you waive your right to access your letters of recommendation.

I hereby authorize Joliet Catholic Academy personnel to release my student transcripts and complete letters of recommendation and/or other evaluations associated with college applications and/or scholarships. I authorize the release of student information in this letter and other application forms. Check One: I do _____

I do not _____

Waive my rights to examine or obtain a copy of the letter(s), secondary school reports, and other evaluations.

Student Signature: _____ Date: _____

1. Forms must be signed and dated
2. \$5 fee per transcript up to 10 transcripts;
11+ transcripts \$4 each
Final transcript is free
3. Transcript request forms must be submitted 2 weeks prior to college, etc. deadline
4. Transcripts can only be sent to those colleges you have entered in the "Colleges I'm Applying to" page in Naviance

Name of College, University or Organization	Deadline	ED, EA, RD or Rolling	Common App Y or N	Counselor Form or Letter Y or N	Teacher Letter of Recommendation (List Names)	Counselor Use Only E=Electronic M=Mail

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IF YOU ARE APPLYING TO ADDITIONAL SCHOOLS, PLEASE USE THE REVERSE SIDE OF THIS FORM.
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Business Office Authorization _____ Amount Pd. _____ Date _____

