



Oak Hill High School

P.O. Box 400 Wales ME 04280

SENIOR TRANSCRIPT REQUEST FORM

Name: _____

Phone: _____ Age: _____

I authorize the release of my High School Transcript and Academic Information to the following:

Signature of Student: _____

Transcript being sent to:
NAME AND ADDRESS OF COLLEGE

Application Deadline
I am applying

- Early Decision
- Early Action
- Regular Decision

Please check all that apply:

- Applied Online
- Mailed application myself on _____
- Need counselor's recommendation (allow 10 days for processing)
- No counselor's recommendation requested.
- No forms to be completed by counselor
- Do not send my SAT Scores
- I qualify for a fee waiver

I am requesting **formal letters** of recommendation from the following teachers:

Regarding teacher letters of recommendation, the following are your two options:

- Each teacher was provided a stamped, addressed envelope.
- Please hold transcript for teacher recommendation to be mailed together.

For Guidance Use

Date Received: _____

Date Sent: _____