

**SPRINGFIELD TOWNSHIP HIGH SCHOOL  
TRANSCRIPT REQUEST FORM**

**Student Name:** \_\_\_\_\_ **Date Submitted to Guidance:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of the college/university or scholarship:** \_\_\_\_\_

**Type of Application (Check one):**

Common Application     Coalition Application     School-Specific Application     Scholarship Application

**Early Deadline (Check one if applicable):**

Early Decision     Early Action     Early Decision II     Early Action II

**Application Deadline:** \_\_\_\_\_

\* Allow at least 2 weeks to process

**Indicate which teachers are completing recommendations for this application:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**I have submitted the following to the Guidance Office:**

\_\_\_\_\_ **Student Activity Sheet**

\_\_\_\_\_ **Permission to Release Records Form**

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**For Office Use Only:**

**Date submitted:** \_\_\_\_\_

**Method of submission:**  Naviance     Other electronic     Mail     Other \_\_\_\_\_

**Note: Do not submit this form to guidance until the application has been submitted to the college or university.**