

**ELIZABETHTOWN AREA SCHOOL DISTRICT
ELIZABETHTOWN AREA HIGH SCHOOL
COUNSELING DEPARTMENT
Elizabethtown, Pennsylvania 17022**

TRANSCRIPT RELEASE FORM

Instructions:

Use this form to gather all required information **for each college or scholarship application** you wish to file. Prior to submitting this form the student must ensure all information is complete and then return it to the Counseling Office. The Counseling Office requires a minimum of ten (10) working days to process your information. **In addition, you should allow at least 3 to 5 days for your packet to arrive via mail. This means that all the information should be in the Counseling Office at least 15 working days before it is due at the college, school, or scholarship program.**

Date Submitted _____ Application deadline: _____

Student Name _____

Name of College/Scholarship: _____

Address of College/Scholarship: _____

<u>Student Checklist:</u>	Attached	Online	Not Applicable
1. Signed Application	_____	_____	_____
2. Using Common Application	_____	_____	_____
3. Application Fee (check or money order)	_____	_____	_____
4. Counselor/School Report Form	_____	_____	_____
5. Essay	_____	_____	_____
6. Activity Sheet or Personal Resume	_____	_____	_____
7. Volunteer Work (attach resume)	YES / NO		_____
8. Student Aid Report (SAR) for Applications	_____	N/A	_____
7. Intended Major _____ or Undecided _____			

Letters of Recommendation:

Students must ensure that one or more of the following items has taken place, regarding letters of recommendation, prior to submitting this form:

_____ My letters are attached to this form
and/or

_____ I have verified that my recommendation(s) have been submitted to my counselor

List name(s): _____
and/or

_____ I requested that my recommendation(s) be uploaded to the appropriate site (ie: common application, specific university, scholarship site etc.) _____

and/or

_____ Recommendations are not required for this application/scholarship.

Student Signature

Office Checklist: Date received in the Counseling Office: _____ Date Mailed by Counseling Center: _____