



Jesuit High School Official Transcript Request Form

Important: Please print all information. Use one form for each college to which you are applying. It is YOUR responsibility to know the specific requirements and deadlines for each college and make requests in a timely fashion!!

Name: _____ Date: _____

Please send my transcript to

College Name: _____
Mailing Address: _____

Application Deadline (check the appropriate line for your application, and write the specific deadline on the designated line)

Early Decision: _____
 Early Action: _____
 Regular Decision: _____
 Rolling

Date Applied: _____

Counselor Recommendation

- I am requesting that a recommendation be sent to the college and have attached the required form(s) that must be completed and sent with the recommendation.
- I am requesting that a recommendation be sent to the college; however, there is no separate paperwork to be included with the recommendation.
- I am not requesting a recommendation; it is not required by the college.

Additional Items (select any materials to be sent along with the transcript)

- Application (if not completed online)
- Secondary School Report
- Counselor Recommendation
- Teacher Recommendation(s) _____
Name of Teacher(s)
- Résumé
- Essay (name and SS# on top)
- Common Application Supplement (if not completed online)
- Other _____

Student's Signature: _____

For counseling office only: Date mailed: _____ Date Faxed: _____ Date Picked Up: _____
Initials: _____



Jesuit High School Official Transcript Request Form—NCAA

Important: This form is to be utilized by students who have registered with the NCAA Eligibility Center. NCAA will utilize your transcript to verify that you have taken and performed satisfactorily in the required number of NCAA-approved courses. We will send your preliminary transcript at the end of your junior year, and a final transcript will be sent to NCAA upon graduation.

Today's Date: _____

Name: _____

Grade: _____

I authorize release of my transcript to the NCAA Eligibility Center.
NCAA Eligibility Center
P.O. Box 7136
Indianapolis, IN 46207

Student Signature: _____

For counseling office only: Date Mailed: _____ Initials: _____