RUTHERFORD HIGH SCHOOL -TRANSCRIPT REQUEST FORM

	Common Application 🗔
Application Deadline Date:	
Name of Student:	Class of:
College Name:	
College Address:	
City:	State:Zip:
Check all that apply:	
Application included with this	s request I have applied on-line
Payment included with this r	request I will apply on-line by(date)
 Important: Transcript request forms must I prior to your deadline. Official transcripts must be mai 	be submitted/received by your counselor at least 4 weeks led directly by our office.
Application Forms:	Counselor's Initials:
Secondary School Report Form	Date:
☐ Mid-year Report Form	# ofstamped, addressed
Final Report Form	envelope(10 X 13)
Teacher Evaluation Form 1	included
Teacher Evaluation Form 2	Letters of Recommendations:
Stamped addressed envelope for mid-year report (if necessary)	1:
	2:
Student Signature (over 18):	
Parent Signature:	