



# John H. Guyer High School Transcript / Letter of Recommendation Request

Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone \_\_\_\_\_

Graduation Year \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date needed \_\_\_\_\_

### TRANSCRIPT REQUEST:

- Transcripts cost \$1.00 each paid to the Bookkeeper in the front office
- Official transcripts will not be issued for students with outstanding fines
- Allow one week for processing

Please give to:  Student  Parent/Guardian  Counselor: \_\_\_\_\_

Mail (Stamped, addressed envelope attached unless requesting letter of recommendation)

Number of transcripts needed:

\_\_\_\_\_ Unofficial Transcripts (personal use)

\_\_\_\_\_ Official Transcripts (for scholarships, employment)

\_\_\_\_\_ Official Transcripts (for universities/colleges/schools - 1 form per school) Indicate College/School Information:

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In general, most universities want the AP scores, SAT and ACT scores submitted through the appropriate testing agency.  
 \*\*\* Initial below to indicate whether test scores are to be included with the transcript. \*\*\*

Include latest TAKS score sheet with transcript  Include all testing labels on the back of transcript

### LETTER OF RECOMMENDATION REQUEST:

<input type="checkbox"/>	Counselor Recommendation Letter needed <b>ALLOW TWO WEEKS</b>	Date Completed/Mailed
	Have your turned in your Recommendation packet? ____yes ____no	
	Does it need to be included with the transcript? ____yes ____no	
<input type="checkbox"/>	Counselor section of application needed <b>ALLOW TWO WEEKS</b>	Date Completed/Mailed
	Does it need to be included with the transcript? ____yes ____no	

All college recommendations are confidential in nature. Therefore we ask that you sign below BEFORE asking your counselor to complete the college recommendation letter.

- I waive the right to see the recommendation submitted to college(s) of my choice.
- I give permission to the Guyer High School Guidance department to send transcripts and any test scores to the above institution.

\_\_\_\_\_

Parent/Guardian/Student Signature Date

FOR OFFICE USE ONLY	Amount Paid _____	Date Paid _____	Time Paid _____	Fine Check _____
_____ Date completed/mailed		_____ Date given to Student/Parent/Counselor		
Requestor's ID:	<input type="checkbox"/> Student ID/DL	<input type="checkbox"/> Parent/Guardian DL # _____		