

TRANSCRIPT AND/OR RECOMMENDATION REQUEST

PLEASE PROVIDE A PRE-ADDRESSED/STAMPED ENVELOPE FOR EACH MAILING
ALLOW 10 SCHOOL DAYS TO GUARANTEE TIMELY PROCESSING

Name _____ Counselor _____

PLEASE CHECK ONE:

_____ Regular Admission	Deadline _____	_____ Submitted Online
_____ Early Decision	Deadline _____	
_____ Early Action	Deadline _____	
_____ Common Application	Deadline _____	
_____ Scholarship Application	Deadline _____	
_____ Work//Summer Program		

College/Other _____ Address _____

City _____ State _____ Zip _____

Check _____ Charge _____ Fee Waiver _____ Essay/ Activity Record Enclosed _____

First Quarter Grades Required _____

Please Enclose Recommendations: Counselor _____

Teachers/Other _____

I authorize IHS to send my Transcript & Testing page to the above named institution.

Signature Required _____ Date _____

OFFICE USE ONLY:

Documents Missing _____ Received _____

Date to Counselor _____ Return By _____ Date Mailed/Hand Carried _____ By _____