

**MINISINK VALLEY HIGH SCHOOL
TRANSCRIPT REQUEST**

FILL OUT ONE: REGULAR ADMISSIONS DEADLINE _____

EARLY DECISION DEADLINE _____

EARLY ACTION DEADLINE _____

STUDENT NAME _____

SOCIAL SECURITY # (optional) _____

DATE OF BIRTH _____ DATE OF GRADUATION _____

NAME OF COLLEGE/SCHOLARSHIP _____

ADDRESS OF COLLEGE/SCHOLARSHIP _____

FEE WAIVED _____

1. **SEND TO DIRECTOR OF ADMISSIONS _____ OR OTHER _____ (i.e. COACH, MUSIC CHAIR, ECT.)
NAME IF OTHER _____**
2. **CHECK ONE: OFFICIAL TRANSCRIPT _____ UNOFFICIAL _____**
3. **APPLIED VIA INTERNET: YES _____ NO _____**
4. **IMMUNIZATIONS (if needed) YES _____ NO _____**
5. **INCLUDE THE FOLLOWING LETTERS OF RECOMMENDATIONS: (STUDENT MUST REQUEST TEACHER TURN LETTER INTO COUNSELING CENTER ASAP) (We will hold application for one week only for recommendations and then send applications without them.)**

STUDENT SIGNATURE _____ DATE _____

OFFICE USE: _____ DATE COLLEGE/SCHOLARSHIP APPLICATION SENT

_____ **DATE HAND CARRIED**

_____ **DATE FAXED**