

Today's Date:	To Counselor:	Date Sent:
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TRANSCRIPT CHECKLIST

This form must be completed for each transcript request. Additional forms are available from the registrar or on the QOHS website (see Departments/Counseling).

STUDENT'S NAME: _____

ID #: _____ GRADE: _____

COLLEGE/UNIVERSITY/SCHOLARSHIP: _____

ADDRESS: _____

DEADLINE DATE: _____

(MUST be no less than **15 school days** after you submitted the request.)

Are you applying **EARLY DECISION?** Yes No

Have you done the following?

Included Secondary School Report Yes No

Included envelope with correct postage Yes No

Do you need Counselor Letter of Recommendation? Yes No

Name of Counselor: _____

I am requesting a transcript only Yes No

I **have not** had a schedule change that affects my courses in progress.

I **have** had a schedule change that affects my courses in progress.

Changes made: _____

QOHS Transcript Fee \$_____

FIRST TWO TRANSCRIPTS ARE FREE. THIRD THROUGH FIFTH ARE \$3.00 EACH. SIX OR MORE ARE \$5.00 EACH. **TRANSCRIPT FEE IS TO BE PAID WHEN REQUEST IS MADE.**