

Bayonne High School Guidance Department

Request for Application/Transcript Processing

Student Name _____

Counselor _____

Student I.D.# _____

HR# _____

To the Student: Complete the form below in its entirety in order to process your transcript request. Incomplete forms will result in a delay in processing your application(s).

School #1 Name of School: _____ Mailing Address: _____ _____ _____ <u>I have applied via (SELECT ONE)</u> <input type="checkbox"/> Common Application <input type="checkbox"/> Online (Non-Common Application) <input type="checkbox"/> Paper Application	School #2 Name of School: _____ Mailing Address: _____ _____ _____ <u>I have applied via (SELECT ONE)</u> <input type="checkbox"/> Common Application <input type="checkbox"/> Online (Non-Common Application) <input type="checkbox"/> Paper Application
School #3 Name of School: _____ Mailing Address: _____ _____ _____ <u>I have applied via (SELECT ONE)</u> <input type="checkbox"/> Common Application <input type="checkbox"/> Online (Non-Common Application) <input type="checkbox"/> Paper Application	School #4 Name of School: _____ Mailing Address: _____ _____ _____ <u>I have applied via (SELECT ONE)</u> <input type="checkbox"/> Common Application <input type="checkbox"/> Online (Non-Common Application) <input type="checkbox"/> Paper Application

Initial each statement and then sign:

_____ I have requested my transcript(s) on Family Connection.

_____ I have completed and submitted my application material(s) and am requesting my transcript be sent to the above named school(s).

Student Signature: _____ **Date:** _____

ALLOW 3 WEEKS TO PROCESS YOUR REQUEST.