



ALBANY LEADERSHIP
CHARTER HIGH SCHOOL FOR GIRLS

COLLEGE APPLICATION TRANSCRIPT REQUEST FORM

Student's Name: _____ Email: _____

Date this form is being submitted: _____ Phone #: _____

Send My Transcript to:

Application Deadline: _____

Did you apply using the Common Application? _____ Yes _____ No

Check One: ___ Regular Decision ___ Early Action ___ Early Decision ___ Priority

Have you documented this application in Family Connection?: _____ Yes _____ No

Additional required items to be sent along with your transcript:

1. Teacher Letter(s) of Recommendation _____ Yes _____ No
If yes, which
teacher(s)? _____

*Be sure letters of recommendation are on file with your counselor, or have been uploaded to Family Connection.

2. Counselor Letter of Recommendation? _____ Yes _____ No

3. Additional
Items?: _____

Have you submitted your SAT/ACT scores?: _____ Yes _____ No

_____ This school is test optional, and I do not want to submit my scores.

Counselor Use:
Date Submitted: _____
Notes: