

_____ Recorded in transcript book

Guidance Department
Cumberland High School
Request for Transcript

Name: _____

Date submitted: _____

| Name of College/Scholarship | Address | Application Deadline | Send SAT/ACT Scores | | Application Type | | | Check one | |
|-----------------------------|---------|----------------------|---------------------|----|------------------|--------------|---------|-----------|---------|
| | | | Yes | No | Early Decision | Early Action | Regular | Mail | Pick up |
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| | | | | | | | | | |

Parent Signature: _____
(if under 18 years of age)

Guidance Counselor: _____

Date Sent: _____

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