



**BERGEN CATHOLIC
HIGH SCHOOL**

Bergen Catholic High School Guidance Department Transcript
Request Form

Student Name: _____ Date: _____

Counselor: _____

Due to the large volume of applications processed by the Guidance Department, students must submit their College Deadline form to their counselor TWO WEEKS prior to any deadline date. **Please note: Counselors will only send transcripts and letters of recommendation to the schools listed on this form.**

If my College Deadline is:	Hand this form to your Counselor by:
October 15	October 1
November 1	October 15
November 15	November 1
December 1	November 15
December 15-January 10	November 30
February 1	January 18

Colleges/Universities to which I am applying:

College/University	Application Deadline	Application Type (Circle One)	Common Application? (Circle One)		If no, which application are you using to apply?
			Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	
		ED EA RD	Yes	No	

For office use only: Date Submitted: _____ Time: _____