



# James Madison Transcript Request/Student Records Release

CEEB Code: 472278

### For Office Use Only:

Date Received: \_\_\_\_\_

Date to Counselor: \_\_\_\_\_

Student Name (Last, First, Middle Initial) \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Graduation Year \_\_\_\_\_

Student Personal Email \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

### Check the Items below before you give this form to the Transcript Specialist:

- Turn in [FCPS Consent for Release of Student Records Form \(IS-111\)](#) (complete this form only once)
- Create a Common App account at [www.commonapp.org](http://www.commonapp.org) and add your counselor's email as a recommender (if applicable)
- Counselor: \_\_\_\_\_
- If requesting counselor recommendation, complete [Student Self-Evaluation](#) (access with FCPS Google account) and [Parent Information Form](#) (downloads a fillable PDF) to submit by September 5, 2023.

College Application Deadline	Transcript Request Deadline
October 15	September 15
November 1	September 29
November 15	October 13
December 1	November 1
December 15	November 15
January 1	December 1
January 15	December 13
February 1	January 3
February 15	January 12
March 1	February 1

### IMPORTANT INFORMATION

- It is **imperative** that you **PLAN AHEAD** and follow the dates listed to the left. **Late requests risk not being sent by the deadline.**
- JMHS **does not** send standardized test scores to colleges. Students must request they be sent directly through College Board ([www.collegeboard.org](http://www.collegeboard.org)) or ACT ([www.actstudent.org](http://www.actstudent.org)).
- **Students must submit a request for every college to which they will apply**, even if the college requires self-reported transcripts (Self-Reported Academic Record/SRAR). This form gives counselors permission to share information with colleges on your behalf, including senior year grades and a recommendation (if requested).
- **JMHS will automatically send mid-year grade reports (semester grades) in early February** to each college for which there is a request on file.

Student's Signature \_\_\_\_\_

Parent/Guardian Signature (if student is not 18) \_\_\_\_\_

Name of College/Scholarship Address City, State Zip Code	College Deadline Date	Decision Type?*( see below) ED, ED II EA REA PRI RD Rolling	What application will you use to apply?  Common App, Coalition, or Other	Counselor Rec Letter Needed?	For Student Services Use Only	
					Date Sent from Student Services	Delivery Method
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
			<input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other

\*ED - Early Decision, EDII - Early Decision II, EA - Early Action, REA - Restrictive Early Action, PRI - Priority, RD - Regular Decision, ROLLING - Indicate when you plan on submitting your application

TRANSCRIPT FORMS MUST BE EMAILED AS AN ATTACHMENT TO MRS. GEARY AT [LKGEARY@FCPS.EDU](mailto:LKGEARY@FCPS.EDU), MAILED, OR DROPPED OFF TO MRS. GEARY BETWEEN 9:30AM TO 1:30PM, MONDAY TO FRIDAY.