



# James Madison Transcript Request Form

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:

- Create a Common App account at [www.commonapp.org](http://www.commonapp.org) and add your counselor's email as a recommender
- Counselor: \_\_\_\_\_
- Complete [Student Self-Evaluation](#) (found in Google Classroom) and [Parent Information Form](#)
- First 3 requests (schools) are free, any additional requests are \$5.00 each (non-refundable)

**JMHS does not mail Standardized Test Scores to colleges. You must request them directly through College Board or ACT**  
**SAT [www.collegeboard.org](http://www.collegeboard.org)**  
**ACT [www.actstudent.org](http://www.actstudent.org)**

### CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

**Instructions for Use:** This form is to be used by parents and/or guardians or students aged 18 or older to authorize FCPS to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once. The student, parent and/or guardian will use a separate form, your school's transcript request form, to identify all schools and organizations to which records may be sent.

By my signature below, I authorize FCPS to release to any school or organization identified by me on my school's transcript request form any of my school records or other information about me that is requested by the school or organization in support of my application. This may include, but is not limited to, my transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance, and/or Family Connection, and other services approved by FCPS.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

- Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees
- No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees  
(colleges will be notified)

My signature below confirms that I have read and understand this consent form.

Note: Both the parent and/or guardian and student are required to sign this form.

#### IMPORTANT INFORMATION:

1. A minimum of 30 calendar days required before application [deadline](#). There is an additional \$5.00 late fee charged to all transcripts not meeting this deadline!
2. The first three transcripts are FREE.
3. Additional transcript fee is \$5.00 each.
4. Fees can be paid through [MySchoolBucks](#), cash, or check payable to JMHS.
5. If you are experiencing any financial difficulty, please contact your counselor.

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

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

STUDENT MUST PROVIDE PAYMENT OR EVIDENCE OF PAYMENT PRIOR TO PROCESSING TRANSCRIPT REQUESTS.

TRANSCRIPT FORMS MUST BE EMAILED TO MRS. GEARY AT [LKGEARY@FCPS.EDU](mailto:LKGEARY@FCPS.EDU), MAILED OR DROPPED OFF AT MADISON IN THE MAIN OFFICE.

MRS. GEARY OFFICE HOURS: MONDAY-FRIDAY (9:30AM TO 1:30PM)

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

Counselor \_\_\_\_\_

Print Neatly: Name of College or Scholarship, Address	What application will you use to apply?  Common App (CA), Coalition, or Other	College Deadline Date	*ED, EA, REA, PRI, RD, Rolling	Counselor Rec Letter Needed? Yes/No	For Student Services Use Only		
					Fee Paid?	Date Sent from Student Services	Delivery Method
<input type="checkbox"/> Self-Reporting	<input type="checkbox"/> CA <input type="checkbox"/> Coalition <input type="checkbox"/> Other				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MySchoolBucks <input type="checkbox"/> No Fee		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
<input type="checkbox"/> Self-Reporting	<input type="checkbox"/> CA <input type="checkbox"/> Coalition <input type="checkbox"/> Other				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MySchoolBucks <input type="checkbox"/> No Fee		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
<input type="checkbox"/> Self-Reporting	<input type="checkbox"/> CA <input type="checkbox"/> Coalition <input type="checkbox"/> Other				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MySchoolBucks <input type="checkbox"/> No Fee		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
<input type="checkbox"/> Self-Reporting	<input type="checkbox"/> CA <input type="checkbox"/> Coalition <input type="checkbox"/> Other				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MySchoolBucks <input type="checkbox"/> No Fee		<input type="checkbox"/> CA <input type="checkbox"/> eDocs <input type="checkbox"/> Other
<input type="checkbox"/> Self-Reporting	<input type="checkbox"/> CA <input type="checkbox"/> Coalition <input type="checkbox"/> Other				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MySchoolBucks <input type="checkbox"/> No Fee		<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-Please indicate when you plan on submitting your application, Self-Reporting (transcript will not be sent)

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