

Derry Area High School College Admission Record Release

SUBMIT TO THE HIGH SCHOOL COUNSELING OFFICE.

Name of Student

Date of Request

- Please send **transcripts/records** to colleges listed below.
- Please send **standardized test scores** to colleges listed below.
- Please write _____ **letter(s) of recommendation; Student Recommendation Data Form.**
(Quantity) (Must be completed)

College

Address

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____
