

**COLLEGE APPLICATION PROCESSING/TRANSCRIPT REQUEST FORM**



**Mystic Valley Regional Charter School**  
•306 Highland Avenue • Malden, MA 02148 •Phone (781)-388-2940 •Fax (781)388-2948•  
*College Counseling Office*  
*Ms. Cappadona*

\*\*\*Students submitting **Early Applications must** submit a request no later than **October 15, 2008**  
\*\*\*Students submitting **Regular Applications must** submit all requests no later than **November 21, 2008.**  
Please note: You must submit a request form for **EACH** college/university that you are applying to.

**NAME** (please print): \_\_\_\_\_

**DATE of Request:** \_\_\_\_\_

**COLLEGE/UNIVERSITY/SCHOLARSHIP:**  
\_\_\_\_\_

*Please indicate the type of application you are filing and the appropriate deadline.*

Early Decision \_\_\_\_\_ Early Action \_\_\_\_\_ Regular Decision \_\_\_\_\_

Please check if your application was processed **ONLINE** \_\_\_ and date it was submitted: \_\_\_\_\_

Did you use the CommonApp to apply to the above College/University? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE INDICATE HOW YOU WANT THE COLLEGE COUNSELING OFFICE TO ASSIST YOU WITH PROCESSING YOUR APPLICATION - choose one and then complete remaining section**

\_\_\_\_\_ I will pick up the items checked below from the College Counseling office.

\_\_\_\_\_ I would like the College Counseling office to mail the items checked below.  
***I've included an envelope addressed with proper postage.***

**PLEASE INDICATE THE ITEMS YOU WOULD LIKE THE COLLEGE COUNSELING OFFICE TO COMPLETE**

- \_\_\_\_\_ Unofficial Transcript
- \_\_\_\_\_ Official High School Transcript
- \_\_\_\_\_ Secondary School Report/Counselor Report ***(this may be included with the application or as an online download – please check the application carefully to see if this is included)***
- \_\_\_\_\_ Counselor Letter of Recommendation\* ***(select only when required as part of the application)***  
*a self assessment must be completed in order to request a recommendation letter*

**Mailing Instructions (for NON common applications ONLY): Please indicate in detail to whom and where your transcript must be sent**

**Name:**  
**Address:**  
  
\_\_\_\_\_  
(student signature & date)

\_\_\_\_\_  
(counselor initials/date completed for mailing or pickup)