THE "BLUE FORM" (AKA-COLLEGE APPLICATION FORM)

Studen	it Name: Counselor Name:	Counselor Name:			
Date S	ubmitting This Form:Application Deadline:	Application Deadline:			
	**REMEMBER $ ightarrow$ The Counselors require TEN WORKING DAYS to process transcript req	uests!			
College	e/University (where you want your transcript sent):				
City	State				
Please	circle:				
1.	Have you added this school to your list of "Applying" or "Applied" colleges on SCOIR?	YES	NO		
2.	Did you use Common App to apply to this school?	YES	NO		
	**If 'yes'—did you add this school to your Common App list on your Common App Account?	YES	NO		
3.	Are you applying Early Decision (binding contract) to this school? **If 'yes'—make sure you choose the "Early Decision" deadline on your app.	YES	NO		
4.	Does this school require a Counselor Letter of Recommendation? **If 'yes' – make sure you complete the Counselor Letter Request Form.	YES	NO		
	y jy yes – make sure you complete the counselor Letter Request Form.				
5.	How many Teacher Letters of Recommendation are required for this school?				
	**Please list teacher letters you would like sent with this application in order of preference:				
	1 3				
	2				
	TRANSCRIPT AND AUTHORIZATION				

By completing this form, you are authorizing the information on your transcript to be released to the college, university or organization listed above.

By signing below, you agree **to send your official test scores directly from the testing agency**, by visiting <u>www.collegeboard.org</u> or <u>www.actstudent.org</u>.

Signature:		Date:	Date:		
For Office Use Only	If Mailed, Date Sent:				