

# IMMACULATE CONCEPTION HIGH SCHOOL



## Transcript Request / Recommendation Form

Request Date: \_\_\_\_\_

Guidance Counsellor Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Current Student

Past Student

If Current, put grade \_\_\_\_\_ If Past, put final year of I.C.H.S. \_\_\_\_\_

Deadline for Transcript Submission to University/College: \_\_\_\_\_

### University or College Information:

(N.B. Transcripts are sent directly to the University/College)

Name: \_\_\_\_\_

Address (For USA include Zip Code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### Mode of Transfer:

DHL  Postal  Email

**(N.B. \$1000 per transcript)**

### Contact Information for individual requesting on the behalf of the student:

Name: \_\_\_\_\_

Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

ICHS October 2020

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