**H.A.A.S. Transcript Request Form**

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

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

Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Transcript to:**

**College #1 (please provide address):** **College # 3 (please provide address):**

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**College #2 (please provide address):**  **College # 4 (please provide address):**

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**For Counselor Use Only:**

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Counselor Use Only:**

Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial upon Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_