



COLLEGE APPLICATION REQUEST FORM

College Application Request Form

FORM INSTRUCTIONS:

Please fill out and sign this form if you are a former CRLS student who would like your transcript, letters of recommendation, and/or any other application materials to be sent to schools on your behalf. ***Please note: you must provide a mailing address, email address, or fax number for each school you are applying to, otherwise, your application materials will not be sent.***

Once you are ready for the school to send your application materials, please send this completed form to Mikayla Galvin in the Records Department at mgalvin@cpsd.us.

1. STUDENT INFORMATION

Student Name (First & Last)	
Date of Birth	
Year of Graduation	
CRLS Guidance Counselor	
Personal Email Address	
Phone Number	

2. STUDENT SIGNATURE

I authorize Cambridge Rindge and Latin School to send my transcript and select application materials to the colleges listed on the following pages.

STUDENT SIGNATURE	DATE

3. COLLEGE APPLICATION MATERIALS

Application Materials to Send — Please check off which materials you need sent to schools on your behalf.

<input type="checkbox"/>	Official CRLS Transcript	
<input type="checkbox"/>	Guidance Counselor Written Evaluation	GC NAME
<input type="checkbox"/>	Letter of Recommendation #1	TEACHER NAME
<input type="checkbox"/>	Letter of Recommendation #2	TEACHER NAME
<input type="checkbox"/>	Common Application Teacher Evaluation(s)	TEACHER NAME(S)
<input type="checkbox"/>	CRLS School Profile	

4. COLLEGE LIST WITH CONTACT DETAILS

College Lists — Please provide a mailing address, email address, or fax number for the Admissions Office of each school you are applying to, otherwise your application will not be sent.

	College Name	Admissions Contact (Address, Email, Fax)
1.		
2.		
3.		
4.		

5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

13.		
14.		
15.		
16.		

FOR RECORDS DEPARTMENT USE ONLY

Date Received	Date Processed	Initials
Comments:		