



CAREER MAGNET ACADEMY
PELLISSIPPI STATE COMMUNITY COLLEGE

Transcripts Request Form

Name: _____ Date: _____

Please list all colleges you would like to receive your transcript information:

Please provide the following items:

Transcript of courses and grades

ACT scores

Copy of current schedule

Other

Please specify _____

Please check only if a counselor recommendation is required for application (Brag Sheet required by student).

Counselor Recommendation

I request that CMA provide the institution named above my official transcript and/or test scores. I further request that, if required, the school counselor submit a recommendation in support of my application. I understand that this information is confidential, and I hereby waive any rights I may have to review its content.

Student Signature _____ Date _____