

## ASCS – College Application Package Request

Student: \_\_\_\_\_

Name/Address to whom package is being sent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline to be mailed: \_\_\_\_\_

Please indicate all items that you wish to be included in addition to (1) your transcript, and (2) ASCS profile:

SAT/ACT scores: \_\_\_\_\_ Student will have sent from College Board or ACT

**OR**

Student requests that scores be placed on the transcript \_\_\_\_\_

Letter of recommendation from: \_\_\_\_\_

Letter of recommendation from: \_\_\_\_\_

Counselor Recommendation form (please complete your portion of the ASCS form): \_\_\_\_\_

Schedule for the current year: \_\_\_\_\_

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