

Student section

Student details

Legal name First/given Middle Last/family/sur (Enter name exactly as it appears on official documents.) SuffixPreferred name First/given Middle Date of birth mm/dd/yyyy

Email CAS ID

Current address Number and street Apartment number City/townCounty State/province Country ZIP/postal code

Current college or university

How many college credits have you earned prior to this academic term?

How many college credits will you have earned when you enroll at the college to which you are applying?

FERPA release authorization

I acknowledge that every school that I have attended may release all requested records and recommendations to colleges to which I am applying for admission. I also understand that employees at these colleges may confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

- ☐ I waive my right to review all recommendations and supporting documents.
☐ I DO NOT waive my right to review all recommendations and supporting documents.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections on this page cannot be changed after any recommendation or application submission.

Signature Date mm/dd/yyyy

College official section

If you have access to the student's academic records, please complete this form in its entirety. Please send this form directly to each college admission office. Do not send this form to Common App.

College official details

Name Prefix First/given Middle initial Last/family/sur SuffixTitle Phone Include country code, number, and extension (if applicable)

Email

College name

Address Number and street City/townCounty State/province Country ZIP/postal code

Background information Please ensure that information matches what is on the transcript.

Cumulative GPA GPA scale From (start date) mm/dd/yyyy Ending (final date) mm/dd/yyyy

Is this student in good academic standing?

If you answer no, please attach an explanation.

☐ Yes ☐ No

Is this student eligible to return to your school?

If you answer no, please attach an explanation.

☐ Yes ☐ NoSignature Date mm/dd/yyyy