

TO THE APPLICANT

This form must accompany an official copy of your transcript and must be completed by a college official(s) who has access to your academic record and your disciplinary record. Please follow these steps to ensure the form is completed accurately and in its entirety (Step 1): Complete all relevant questions below, including the signature statement. **Step 2:** Give this form to a dean or college official who has access to your academic record and ask that official to complete the academic portion of this form. **Step 3:** If the official completing the academic portion does not also have access to your disciplinary record, please ask the individual in charge of forwarding the form to a second official who can answer those questions before dispatching the form and mailing it to your colleges along with copies of your official transcripts.

Legal Name: \_\_\_\_\_  Complete  
 Skip

Birth Date: \_\_\_\_\_ CDS (College App ID): \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apartment or City/Town County or State State/Province Country ZIP/Postal Code

College/university you were attend: \_\_\_\_\_ CDS-ACT Code \_\_\_\_\_

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Semester	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_ How many college credits will you earn this academic year? \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institutions to which I am applying. I further authorize the admission office processing my application, including personnel staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I authorize, I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

- The institution does not have recommendations past matriculation (see list of member colleges on FERPA)
- I waive my right to access below, regardless of the institution to which it is sent:

Yes, I waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institutions at which I'm enrolling, if that institution comes from after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic record and disciplinary record, please complete this form in its entirety. Attach the applicant's official transcript which copies the evaluation. Use both pages to complete your evaluation for this student, and be sure to sign below. If you have access to the applicant's academic record only please complete the relevant portion of this form, send forward to the appropriate official for completion of the disciplinary questions, asking that official to mail the form to the applicant's colleges after doing so. Do not mail this form to The Common Application offices.

College Official Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Please print or type

Signature \_\_\_\_\_ Title \_\_\_\_\_

College or University \_\_\_\_\_

College or University Address \_\_\_\_\_  
City/Town State/Province County ZIP/Postal Code

College Official's Telephone (\_\_\_\_\_) \_\_\_\_\_ College Official's Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/Zip Code Number Area/Country/Zip Code Number Area/Country/Zip Code

College or University CDS-ACT Code \_\_\_\_\_ College Official's E-mail \_\_\_\_\_