

## TO THE APPLICANT

After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to all institutions requesting a final transcript.

Legal Name \_\_\_\_\_ ☐ Female  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

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

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

**IMPORTANT PRIVACY NOTE:** In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

- ☐ Yes, I do 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 institution at which I'm enrolling, if that institution saves them after I matriculate.

## TO THE SCHOOL COUNSELOR

Please submit this form when final grades are available (end of second semester or third trimester). Attach applicant's official transcript and transcript legend. (Please check transcript copies for readability.) **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
Please print or type

Signature  \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address \_\_\_\_\_

Counselor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code \_\_\_\_\_ Counselor's E-mail \_\_\_\_\_

**Background Information** If any of the information below has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below.

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Covering a period from \_\_\_\_\_ to \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_.  
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is ☐ weighted ☐ unweighted. This GPA is ☐ weighted ☐ unweighted. The school's passing mark is \_\_\_\_\_.

How many additional students share this rank? \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(mm/dd/yyyy)

☐ We do not rank. Instead, please indicate quartile \_\_\_\_\_ quintile \_\_\_\_\_ decile \_\_\_\_\_

Have there been any changes to the senior year courses listed on the original School Report? ☐ Yes ☐ No

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?  
☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?  
☐ Yes ☐ No ☐ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? ☐ Yes ☐ No

**If you responded yes to any of the preceding questions, please attach an explanation.**

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.