STUDENT SECTION: CONTACT INFORMATION

FIRST	NAME	E MIDDLE LAS		AST		PREFERRE	PREFERRED NAME	
HOME	STREET ADDR	ESS						
CITY			STATE				ZIP	
SCHOO	DL YOU ATTEN	D				CEEB/AC	T C ODE	
original of acces	School Report ss to all recomm	accordance with the Family Ed submitted on your behalf re ec nendations and supporting doc y this one. Chose one of the fol	ts your choice tuments. That r	to waive	or not	waive your right		
		my right to access, and I unde submitted by me or on my bel		ever see	this for	m or any other		
	ner recommend	nive my right to access, and I mations or supporting document aved after I matriculate.						
COU	NSELOR SI	ECTION						
NAME			TITLE					
SIGNA	TURE			«	« « « «	««««DATEE««««	« « « « «	
SCHOO	DL ADDRESS (S	Street, City, State, ZIP)						
OFFICE	E PHONE						EMAIL	
Stude	nt Informatio	n						
		Question		Yes	No	Policy prevents me from stating		
		en changes to the senior year riginal School Report?	courses					
	Have there be disciplinary sta	en changes in the applicant's atus at your school since you original School Report?						
		edge, have there been change minal history since you submitt I Report?						
	Do you wish to this applicant?	o update your original evaluatio	on of					
-		any of the preceding question prefer to discuss this applicant	•					
		nformation has changed for this the updates below.	s student since	the Sch	nool Re	port was		
		lass Size covering a d unweighted.	period from			 (mm/yyyy)		
	_	udents share this rank?						
We d	do not rank. Inst	ead, please indicate quartile _	quintile	decil	e			
		on a scale, covering a	period from _		to	· (mm/yyyy)		