

This form **MUST** be submitted to the  
Guidance Office for EACH college/scholarship.

**\*SUBMIT no less than 10 WORKING SCHOOL DAYS PRIOR TO DEADLINE.**

***Saddle Brook High School  
Senior Document Request Form***

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Name of College or Scholarship:** \_\_\_\_\_

**IT IS THE STUDENT’S RESPONSIBILITY TO UPDATE NAVIANCE TO INCLUDE THE COLLEGES YOU ARE INTERESTED IN ATTENDING.**  
**(PLEASE CHECK ONE):**    ☐ Common Application    ☐ College/University Website

**Application type: (Please check one)**

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Early Decision      | <b>Due Date:</b> _____ |
| <input type="checkbox"/> Early Action        | <b>Due Date:</b> _____ |
| <input type="checkbox"/> Regular/Rolling     | <b>Due Date:</b> _____ |
| <input type="checkbox"/> Specialized Program | <b>Due Date:</b> _____ |
| <input type="checkbox"/> Scholarship         | <b>Due Date:</b> _____ |

<u>Schools with App Deadline:</u> <u>by:</u>	<u>Submit forms to counselor</u>
10/1	09/17
10/15	09/27
11/1	10/17
11/15	10/22
12/1	11/13
12/15	12/02
Rolling Admission	1/15/2025

**COUNSELOR RECOMMENDATION REQUIRED:**    ☐ YES                      ☐ NO

**TEACHER RECOMMENDATIONS:**

Some colleges may only require one (1) letter of recommendation while others will accept up to three (3). Please indicate your order of preference.

1. \_\_\_\_\_                      2. \_\_\_\_\_                      3. \_\_\_\_\_

**\*\*Make sure your SAT/ACT scores are officially sent by the College Board/ACT to all your colleges.**

**THIS IS THE STUDENT’S RESPONSIBILITY.**  
**AN OFFICIAL TRANSCRIPT AND COUNSELOR RECOMMENDATION WILL BE SENT WITH ALL APPLICATIONS IF REQUESTED OR REQUIRED.**

FOR OFFICE USE ONLY	
Date Received: _____	Date Submitted: _____