BEFORE you turn in this form you must:

- Submit your college/university application
- Add your college/university in Naviance to “Colleges I am applying to”
- Link your Common Application to Naviance using the same email, if applicable

This form must be filled out in its entirety and turned into your counselor. Forms will NOT be accepted prior to you completing the above checklist. You must fill out ONE form for EVERY college/university you apply to. Please Note: Mid-year grades will be sent automatically unless you request otherwise.

Student Name: _______________________________ Counselor: __________________

College Applying to: ______________________________________________________

Program/Major: __________________________________________________________

Application Deadline: ___________________ Date you submitted your application __________

Check one of the following: ☐ Regular Decision ☐ Early Decision ☐ Early Action

Check which application you used to apply:
☐ Common Application
☐ SUNY Application
☐ College’s Own Application

Letters of Recommendation to be included (teacher/counselor name)

Check with your counselor to make sure your recommendation letters have been uploaded into Naviance BEFORE you turn in your CAP form.

1. ___________________________________________ 2. ___________________________________________

3. ___________________________________________ 4. ___________________________________________

***If an official copy of an SAT and/or ACT score report is required for this application it is YOUR responsibility to have your scores sent from the testing center***

Transcript Release: I hereby grant Liverpool High School permission to release my high school records to the college/university listed above. This may include, but is not limited to, your high school transcript, report cards and standardized test scores.

Student Signature: _______________________________ Date __________________

Parent Name (print): __________________________________________

Parent Signature: _______________________________ Date __________________

FOR COUNSELING OFFICE USE ONLY:

Date CAP form received ________________

Date sent ________________ ☐ Electronic ☐ Snail mail

Counselor initial _______