

## Transcript Request & Recommendation Form



Please return this form with the required transcripts to:  
**Office of Enrollment Management and Admission**  
1 Park Place, Bloomfield, NJ 07003  
(973) 748-9000 • Toll Free 800-848-4555 • Fax (973) 748-0916

**Part I: To the Applicant.** Please complete Part I and ask your counselor/advisor to complete Part II (if you are a freshman applicant) or Part III (if you are a transfer applicant).

(Please circle one)

Mr. /Ms. /Mrs.

Name \_\_\_\_\_  
*Last First Middle Maiden*

Address \_\_\_\_\_  
*Street City State Zip Country*

### FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in making rooming assignments and in advising and otherwise assisting you. Under the provisions of the Act, you have the right, if you enroll at Bloomfield College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission.

Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I  waive  do not waive any right of access that I may have to this recommendation form.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: To the Guidance Counselor (Freshman Applicants).** The student whose name appears above is applying for freshman admission to Bloomfield College. Please complete the information below and forward this form with an official transcript and high school profile. The transcript should include an explanation of the grading system, grade distribution, test scores, honors, awards, activities, evaluation by teachers or counselors, and anything else that may assist the Committee on Admission in its assessment of this candidate.

Name of High School \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Counselor's Name (*Please print or type*) \_\_\_\_\_ E-mail \_\_\_\_\_

School Address \_\_\_\_\_  
*Street City State Zip Country*

School accredited by  State System  Regional Accrediting Association Type of School  Public  Non-Public

Number in Senior Class \_\_\_\_\_ Rank in Senior Class \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Percentage of Graduates Entering College: 4-year College \_\_\_\_\_ 2-year College \_\_\_\_\_

Passing Grade \_\_\_\_\_ Withdrew \_\_\_\_\_ was or will be graduated \_\_\_\_\_  
*Month/Year*

How would you rate this applicant as compared to other students?

Outstanding (Top 10%)  Above Average  Average  Below Average  No basis for judgement

Signature \_\_\_\_\_

