



Transcript Matching Form Central Application Service for CommonApp

CAS ID: _____

Applicant's Name: _____
Last Name First Name

Alternate Name, if any: _____
Last Name First Name

Academic Institution Name: COLLEGE OF MARIN

Instructions to the Registrar

Please attach this form directly to the official transcript for the above applicant and forward the official transcript (see requirements below) in a sealed envelope directly to:

**The Common Application Transcript Processing Center
P.O. Box 9135
Watertown, MA 02471**

The transcript must meet the requirements below to be considered "official" by The Common Application

- A Registrar's seal and/or legible signature included on the transcript.
- Must be mailed **directly** to The Common Application from the Registrar's Office.
- **Cannot** be marked "Issued to Student" or "Student Copy."
- Must reflect all relevant, correct information for the student identified above.

Through my signature below, this form authorizes you (Registrar) to send my requested records (official transcript) to the Transcript Processing Center identified below which is also authorized by me to forward my official transcript to the institution(s) to which I am applying as a transfer student.

Applicant's Signature _____

Date 1/31/19