



## High School Academic Verification Form

### Instructions:

Students should complete this form and ask their school counselor or other appropriate administrator to verify the information and sign the form.

The student's high school transcript is not required at this time but may be requested at a later date.

Contact Collin Ruthe at [815-708-2227](tel:815-708-2227) or [collin@rrvtma.com](mailto:collin@rrvtma.com) with any questions.

**Student's Name:** \_\_\_\_\_  
*(print your name legibly)*

Cumulative grade point average at time of application is \_\_\_\_\_ based upon a \_\_\_\_\_ scale

Cumulative grade point average is  Weighted  Non-weighted

Class rank is \_\_\_\_\_ out of \_\_\_\_\_ students which places student in the top \_\_\_\_\_% of class

Highest Composite ACT score: \_\_\_\_\_ and/or Highest Composite SAT score: \_\_\_\_\_

List senior year courses [specify advanced placement (AP), honors (H), etc.]

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### Principal, counselor or registrar authorization:

Print Name: \_\_\_\_\_ High School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ School Seal < >