

# TRANSCRIPT REQUEST FORM

## Schroon Lake Central School

1125 US Route 9 P.O. Box 338

Schroon Lake, NY 12932

Phone: (518) 532-7164 Fax: (518) 532-0284

Please complete this form and return it to the MAIN OFFICE

### Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name when attending if different than above: \_\_\_\_\_

Current address: \_\_\_\_\_

Year of Graduation/Last year at SLCS: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please specify the records you would like released:

High School Transcript

SAT Scores

ACT Scores

Letter(s) of Recommendation from:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Application Deadline \_\_\_\_\_

Note: Transcripts for classes taken for college credit are noted on your NCCC or SUNY Albany Transcript. Download an unofficial copy from your student portal, or request an official copy to be sent directly from the college.

### How you would like the above records submitted? Check all that apply

Common Application Online

SUNY Application Online

Note: Once information is submitted to digital account such as the SUNY online system, Common Application online system, it is viewable by all schools that the student indicates s/he is applying to.

Mail to the following address: \_\_\_\_\_

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record and/or any applicable college entrance exam scores to the individual(s) indicated.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Note Parent signature is required for students under 18 years of age).

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_