

**LONGWOOD HIGH SCHOOL
OFFICIAL TRANSCRIPT REQUEST FORM**

****Ten (10) school days are needed to process each transcript request****

Student's Name _____ **Date of Birth** _____

Email address _____ **Telephone #** _____

- PRINT all information clearly.
- Submit this form AFTER completing your college application by mail, electronic, Common Application, SUNY/CUNY Application or any other application.
- Complete one (1) form for each college or scholarship.
- For on-site admissions, you must complete this form and submit with your application.
- INPUT THE COLLEGES THAT YOU ARE APPLYING TO ON THE FAMILY CONNECTION WEBSITE.
- Mail transcript only, no other documentation needed. YES _____ NO _____
- If NO, what other documentation do you need sent: _____

- Students must request SAT and ACT scores directly from the College Board or ACT.

Under the terms of FERPA, you have the right to access below, regardless of the institution to which it is sent:

____ YES, I do waive my right to access, and I understand that I will never see any recommendations submitted by me or on my behalf.

____ NO, I do NOT waive my right to access, and I may someday choose to see recommendations submitted by me or on my behalf.

Please indicate type of Application: Common App _____ SUNY _____ CUNY _____ other _____

PLEASE MAIL THE ABOVE INFORMATION TO:

Name of College/Institution: _____

Address: _____

City/State/Zip Code: _____

Application Deadline: _____ **Early Decision:** _____

YOU MUST REQUEST TEACHER RECOMMENDATIONS THROUGH NAVIANCE

List teachers you have asked for recommendations: _____

Student's Signature: X _____ **Date of Graduation** _____

FOR OFFICE USE ONLY:

Date Received in office: _____ **Date Processed:** _____ **Counselor completed** _____