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 #
Application, SUNY/C Complete one (1) fo For on-site admissio INPUT THE COLLEGE Mail transcript only,	n clearly. TER completing your college application by mail, electronic, Common CUNY Application or any other application. If the college or scholarship. Instructions, you must complete this form and submit with your application. If the the this form and submit with your application. If the this form and the this form and submit with your application. If the this form and the this form and submit with your application. If the this form and the this f
Students <u>must</u> reque	est SAT and ACT scores directly from the College Board or ACT.
Under the terms of FE is sent:	RPA, you have the right to access below, regardless of the institution to which it
submitted by me or or	ve my right to access, and I may someday choose to see recommendations
Please indicate type of App PLEASE MAIL THE ABOVE IN	lication: Common AppSUNYCUNYother
Name of College/Institution	n:
Address:	
City/State/Zip Code:	
Application Deadline:	Early Decision:
YOU MUST REQUES	ST TEACHER RECOMMENDATIONS THROUGH FAMILY CONNECTION
List teachers you have aske	d for recommendations:
Student's Signature: X	Date of Graduation
FOR OFFICE USE ONLY: Date Received in office: Revised 7/14/15	Date Processed: Counselor completed