

Ichabod Crane High School

PO Box 820

2910 Route 9

Valatie, New York 12184

Guidance and Counseling Office Phone: (518) 758-7607 Fax: (518) 758-8269

TRANSCRIPT RELEASE REQUEST FORM (Current Student)

Name: (Please Print) _____

Date of Birth: _____

Counselor's Name: _____ Date of Request: _____

Program of Study/Major: _____

Transcript Request Policy

We require that all requests for transcripts be on this form. Please make sure the form is completely filled out and signed before turning in to the Guidance & Counseling Office for processing. Please attach any other materials that you would like sent with your transcript. **In order to allow for processing, we ask that you turn in this request no later than 2 weeks prior to the deadline. Failure to do so may result in missed deadlines.**

By signing this release, I am authorizing Ichabod Crane High School to release my transcript and/or test scores as indicated below.

Student Signature (if under 18, parent or guardian signature is required)

Please Send:	MAIL TO: College /University/ Employer/ Scholarship	(Office Use Only) Date Sent/Picked Up
<input type="checkbox"/> Transcript <input type="checkbox"/> SAT Scores <input type="checkbox"/> SAT Subject Scores <input type="checkbox"/> ACT Scores <input type="checkbox"/> Counselor Recommendation (Prior Request Required)	College/Scholarship Name: Address: Deadline: (if applicable)	
<input type="checkbox"/> Transcript <input type="checkbox"/> SAT Scores <input type="checkbox"/> SAT Subject Scores <input type="checkbox"/> ACT Scores <input type="checkbox"/> Counselor Recommendation (Prior Request Required)	College/Scholarship Name: Address: Deadline: (if applicable)	
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