

SOLVAY HIGH SCHOOL TRANSCRIPT REQUEST

~Please print clearly~

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Maiden/Other Names Used: _____ Date of Birth: _____

Year Graduated or Last Attended: _____

Signature: _____ Date Signed: _____

We will do our best to process all requests within 24-48 hours.

IMPORTANT INFORMATION

If you did not provide Solvay High School with a copy of your SAT or ACT scores as provided by College Board or ACT, you must request them directly from Collegeboard or ACT, which maintains these records. Directions are available at www.collegeboard.com and www.act.org.

OFFICIAL TRANSCRIPTS* REQUESTED:

(Bears the Raised School Seal and Registrar's signature. Required for college, military, employment and some other programs.)

School/College Name: _____

School/College Complete Address: _____

School/College Name: _____

School/College Complete Address: _____

School/College Name: _____

School/College Complete Address: _____

~Official Transcripts Cannot Be Faxed~

Include a copy of your immunization record (where available): Yes No

If you would like an unofficial copy for your records (no seal or Registrar's signature), please provide your address below:

Mailing Address: _____

**If you would like to pick your transcript up, please indicate that and provide a phone number where you can be reached.
Thank you*