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: ___________________________

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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