

OFFICE USE ONLY				
Date Received:	Depayment Received			
Class of 2012 or earlier?				
Date Issued to Student:				
Accounting Office Approval:				

Transcript Request Form for Alumni/Former Students

Student's Name:	e: Phone Number:				
Date:	Grade:	Date of Graduation:			
Student signature:					
(18 or older)					
Parent signature (if needed):					
Type of Transcript Requested Officia					
□Mail □Fax	# of Transcripts to Be Sent t	to Below Address			
Name of Institution (if applicable):					
Address:					
-					
Contact person (if any):					
Fax Number:					
Information to be released:					

□Official transcript of grades

PAYMENT INFORMATION

There is a \$7.00 fee for all transcript requests. Payment can be made with <u>cash</u>, <u>check</u>, <u>money order</u> or <u>credit</u> <u>card</u>. Should a check be returned from the bank, a fee will be charged and you will be notified in writing. Repayment must be made within 7-10 business days.

Checks and money orders should be made payable to Smithtown Christian School. Payments should be mailed to:

Smithtown Christian School 1 Higbie Drive Smithtown, NY 11787 Attn: Transcript Request Fax: 631-265-1079

Payment Type: □Cash	Check	□Money Order	Credit Card	
Credit Card Information (if ne	ecessary)			
ame on Card: Card No				
Expiration Date:	_ CSV Code:	Amount to Charge: \$		
Billing Address:				
City:		State:	Zip:	
Signature:				
Email Address:				

Please allow 7-10 business days to process all requests.

*The Law does not allow for parents of students who are older than 18, including alumni students who are currently outof-state, to request transcripts on behalf of their students. HOWEVER, SOMEONE OTHER THAN YOURSELF MAY PICK UP YOUR TRANSCRIPT PROVIDED THAT YOU GIVE THE INDIVIDUAL WRITTEN AUTHORIZATION. Students who are under the age of 18 must have their parent or guardian's signature on transcript requests.