
OSSM Transcript Request

Complete a request form **for each transcript** to be sent. Please complete the entire form and return it to Mr. Salwierak, Ms. Gant, or Ms. Donnolo at least **one week** prior to the mailing deadline.

This information is being released under the provisions of the Family Education Rights and Privacy Act of 1974 (Public Law 93-380). Information contained on this transcript cannot be released to a third party without the written authorization of the student concerned.

Target date for mailing: _____

NAME: _____

CLASS OF: _____

DATE OF REQUEST: _____

SIGNATURE: _____

MAJOR FOR COLLEGE LISTED: _____

Send transcript to:

INSTITUTION: _____

ATTENTION (Dept. or Person): _____

ADDRESS: _____

REASON FOR TRANSCRIPT:

- | | |
|--|---|
| <input type="checkbox"/> Early Admission | <input type="checkbox"/> Summer Program |
| <input type="checkbox"/> Regular Admission | <input type="checkbox"/> Student Copy |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other: _____ |

CHECK ITEMS THAT APPLY TO THIS REQUEST:

- Send transcript with **ACT/SAT** test scores. *Application will be mailed separately.*
- Send transcript with **ACT/SAT/AP** test scores. *Application will be mailed separately.*
- Send with my completed application:
 - Attached to this request
 - Will be turned in to Mr. Salwierak by: _____
 - Will be turned in to Ms. Gant by: _____
- Send with recommendation letters from: _____

OFFICE USE: Date request submitted: _____ Mail w/OSSM Profile
Date request mailed: _____ Hold Return to GS
 Return to JG