

Lakeland Central School District
Official Transcript Request Form

STUDENT NAME: _____ Date Form Received: ____/____/____
Guidance Staff will enter this date

COUNSELOR NAME: _____

STUDENT DIRECTIONS:

- Please submit this form to your counselor at least **15 school days** before any application deadline.
- Please submit this form to your counselor by **10/8/20** for an 11/1/20 application deadline.
- Please submit this form to your counselor by **10/28/20** for an 11/15/20 application deadline.

Naviance & College Application

- ♦ Guidance staff **will process** your documents in Naviance when this *Transcript Request Form* is **received**.
 - Note: If you have submitted your *Transcript Request Form* to your counselor, please remember to **update** the form if you apply to another college.
- ♦ Guidance will send: Official Transcript, HS Profile, School Counselor letter, and other documents in Naviance.
 - **Teachers** send their letters of recommendations *separately*
 - SAT & ACT score need to be **sent by student/family**
- ♦ Often, all the documents do not arrive at the same time. When this occurs, colleges automatically generate a correspondence that documents are missing. Please allow several days after such correspondence before reaching-out to the college or guidance.
- ♦ **Scholarship Applications:** Provide your counselor with any forms required by the specific scholarship, and information regarding mailing

College	Common App	SUNY App	Other	College Deadline	Check Only 1			
					EA	ED	Reg.	Rolling
1:	Y / N	Y / N		___ / ___ / ___				
2:	Y / N	Y / N		___ / ___ / ___				
3:	Y / N	Y / N		___ / ___ / ___				
4:	Y / N	Y / N		___ / ___ / ___				
5:	Y / N	Y / N		___ / ___ / ___				
6:	Y / N	Y / N		___ / ___ / ___				
7:	Y / N	Y / N		___ / ___ / ___				
8:	Y / N	Y / N		___ / ___ / ___				
9:	Y / N	Y / N		___ / ___ / ___				
10:	Y / N	Y / N		___ / ___ / ___				

IMPORTANT PRIVACY NOTE

By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by all institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

___ **Yes**, I do waive my right to access, and I understand I will never see this form, or any other recommendations submitted by me or on my behalf.
 ___ **No**, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Student Signature _____ Date / ____ / ____

Parent Signature (if student is under 18) _____ Date / ____ / ____