

**Ichabod Crane High School**  
**PO Box 820**  
**2910 Route 9**  
**Valatie, NY 12184**  
**Guidance (518) 758-7607 Fax (518) 758-8269**

**TRANSCRIPT RELEASE REQUEST FORM**

**NAME: (please print)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Counselor's Name** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**Program of Study** \_\_\_\_\_

**Transcript Request Policy**

We require that all requests for transcripts be made on this form. Please make sure the form is completely filled out and signed before turning in to the Guidance & Counseling Office for processing. Please attach any other materials that you would like sent with your transcript. In order to allow for processing, we ask that you turn in this request no later than 2 weeks prior to the deadline. Failure to do so may result in missed deadlines.

**By signing this release, I am authorizing Ichabod Crane High School to release my transcript and/or test scores as indicated below.**

\_\_\_\_\_

Student Signature (if under 18, parent or guardian signature required)

<b>Please send my:</b>	<b>MAIL TO: College /University/Institution</b>	<b>(Office Use only) date sent</b>
<input type="checkbox"/> Transcript <input type="checkbox"/> Test Scores (ACT/SAT) <input type="checkbox"/> Other _____		
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