SCS

SMITHTOWN
CHRISTIAN SCHOOL

OFFICE USE ONLY

Date Received: _____ ☐ Payment Received

Class of 2012 or earlier? ☐Yes ☐No
*If yes, reproduce transcript from paper copy.

Date Issued to Student: _____

Accounting Office Approval:_____

Transcript Request Form for Alumni/Former Students

Student's Name: _____ Phone Number: _____

Date: _____ Grade: _____ Date of Graduation:_____

Student signature:

_____
(18 or older)

Parent signature (if needed):

_____

Type of Transcript Requested Official _____ Unofficial _____
(qty) (qty)

☐Mail ☐Fax ___ # of Transcripts to Be Sent 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 cash, check, or money order. 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 Driye
Smithtown, NY 11787
Attn: Transcript Request
Fax: 631-265-1079

Payment Type: □Cash □Check □Money Order

***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 out- of-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.