



TRANSCRIPT REQUEST FORM

Important Note: Please allow 10 days to process **

Parent may request academic records until the student reaches the age of 18 or attends school beyond the high school level. After that, the student must request their records. Except as authorized by law, signed, written consent is required before Schaeffer Academy will release any educational record to third parties.

ACT/SAT Test Scores: ACT and SAT send score reports directly to the college and university requested when the student registered for testing. If the college or university below was not included, the student must contact ACT and SAT and request them to send their score report directly to that institution.

Common Application: Do **not** complete this form for any schools in which you are doing the online Common Application. We'll receive an electronic notification from the school to submit guidance, recommendation and transcript information directly online.

<u>Student Information:</u>				

Legal Name:	First Name	Middle Name	Last Name	

Mailing Address:	Street	City	State	Zip

Date of Birth:	_____	Year of Graduation:	_____	

Email Address:	_____			

I request and authorize Schaeffer Academy to send an official transcript to:

Name: _____

Attention: _____

Address: _____

College Program: _____

Application deadline date: _____ **

Send with attached:
_____ Guidance/Counselor Form
_____ Recommendation Letter (attach request form)

I would like a personal copy of my transcript.

Signature of Student: _____

OR, if eligible, signature of Parent/Guardian

Date: _____ Print Name: _____

Student Name: _____

Submit all transcript and recommendation requests to:

Jill M. Wirth, Administrator/Registrar
Schaeffer Academy
2700 Schaeffer Lane NE Email: wirth.jill@schaefferacademy.org
Rochester, MN 55906 Website: schaefferacademy.org
Phone: (507) 286-1050
Fax: (507) 282-3823

<u>For Guidance Office Use Only:</u>
Date Received:
Date Sent:

I request and authorize Schaeffer Academy to send an official transcript to:

Name: _____

Attention: _____

Address: _____

Application deadline date: _____ **

Send with attached:
_____ Guidance/Counselor Form
_____ Recommendation Letter (attach request form)

Name: _____

Attention: _____

Address: _____

Application deadline date: _____ **

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Send with attached:
_____ Guidance/Counselor Form
_____ Recommendation Letter (attach request form)

Date: _____ Print Name: _____