

**Kendall Jr/Sr High School – CEEB Code 332-665
16887 Roosevelt Highway, Kendall, NY 14476**

Request for Records/Release of Information

Students Name _____ Counselor _____

College(s)/Scholarship/Organization _____

Did you apply online? Yes No

Program Major _____

I give permission for my transcript, test record and other supporting documents to be sent to the above college(s)/scholarship program. Additionally, newspapers and newsletters request information regarding our seniors and student/parent permission is required. I waive my right to access all letters of recommendation used for educational and employment purposes:

Student Signature Date

Parent/Guardian Signature Date

Please send: ACT Scores SAT Scores Score Option If so, which date(s) _____

AP World History AP U.S. History AP Biology AP Calculus AP English

TEST SCORES ARE NOT OFFICIAL. If your college SPECIFICALLY states that it wants "OFFICIAL SCORES", they MUST be forwarded from the testing corporation at **YOUR** request and expense. Forms are in the Guidance Office.

For Office Use Only:

Date Received _____

Date to Counselor _____

Application Fee/Waiver

Transcript

AP Scores

ACT/SAT Scores

Essay/Writing Sample

Activity Sheet/Resume

Letter(s) of Recommendation _____

Date Application Mailed _____