

Return to:
 Longwood Sr. High School
 ARCHIVES OFFICE
 100 Longwood Road
 Middle Island, N.Y. 11953-2056
 Phone: 631-345-9245
 Fax: 631-345-9217

LONGWOOD SENIOR HIGH SCHOOL RECORD REQUEST FORM

NAME WHILE ATTENDING: _____
Last First Middle

Name Now: _____

Date of Birth: _____

DID YOU GRADUATE: _____ **Year of Graduation:** _____

If you did not graduate – years of attendance: **From:** _____ **to** _____

TYPES OF RECORDS REQUESTED
 Please check all documents needed

Transcript _____ **Health Records** _____

SAT/ACT _____ **Graduation Verification** _____

DOB Verification _____ **Report Cards** _____

To be sent to School/Employer Name:	Full Address	Deadline	Mailed

I give my permission for the release of the above information.

 STUDENT SIGNATURE

Date: _____ **Telephone Number:** _____