

COPENHAGEN CENTRAL SCHOOL DISTRICT

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Pre-K - 5 Principal
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Director of Student Services
and District Treasurer
Scott Connell
Athletic Director
Brenda Shelmidine
District Clerk

Transcript Request Form

I, _____, graduated in or will graduate in _____ and
am giving Copenhagen Central School permission to send my high school transcript to the following:

1. (Please print legibly)

Name/School/Organization: _____
To the attention of: _____
Address: _____
City, State, Zip: _____

2. (Please print legibly)

Name/School/Organization: _____
To the attention of: _____
Address: _____
City, State, Zip: _____

_____ I wish to include my SAT/ACT scores;

_____ I do not wish to include my SAT/ACT scores

Student Name: _____ Date: _____

Former Name(s): _____

Student Signature (required): _____

Note: Transcripts are not available the same day as the request. Please allow 2-3 days for processing.