

*Cold Spring Harbor Jr./Sr. High School*  
*Counseling Center*  
*82 Turkey Lane*  
*Cold Spring Harbor, NY 11724*  
*Phone: 631-367-6840 Fax: 631-692-7096*

## **Request for School Records**

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**To: Guidance Department** (of the most recent school this student is attending or has attended)

**School:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**Town, State, Zip** \_\_\_\_\_

Dear Sir or Madam,

I have registered my son/daughter \_\_\_\_\_ in grade \_\_\_\_\_ to begin school on \_\_\_\_\_ at Cold Spring Harbor Jr./Sr. High School.

Please forward the following information to Cold Spring Harbor at the address below as soon as possible:

- All standardized test results
- Scholastic records including: completed courses with FINAL grades and high school credits granted
- Report card to date for the current academic year
- School profile with explanation of the grading system
- Explanations of abbreviations of course titles
- Grades of all Regents exams taken (New York State only)
- Copies of Science laboratory reports for Regents courses in progress
- Medical records – all immunization data
- Please be kind enough to send all New York State Testing records at your earliest convenience.
- **Our fax number is: 631-692-7096.**

Thank you very much for your kind assistance.

**Please mail the requested information to:**

Counseling Center  
Cold Spring Harbor Jr./Sr. High School  
82 Turkey Lane  
Cold Spring Harbor, NY 11724

\_\_\_\_\_  
Parent's Signature

**Note to Parents:** Please turn in this form today to Cold Spring Harbor Counseling Center. It will be mailed by the Counseling Center to the Guidance Department of the school your child is leaving.