

Educational Records Request

To the Principal or Guidance Counselor:

NAME: _____

Instructions: The student named above has applied for admission to the Regional Center for Oklahoma School of Science and Mathematics.

1. Stand Rank in Class: _____

2. STANDARDIZED TEST RECORDS: Please provide this information even if provided on the transcript.

ACT: Test Date: _____

English: _____ Math: _____ Reading: _____ Science: _____ Composite: _____

3. If ACT has not been taken, list the name of a Standardized Test administered within the past two years. Results from this test should accompany the official transcript. _____

4. When did you or will you take the ACT? _____

I certify that the information given above is correct.

Date

Signature of School Official

***The student's official High School Transcript must be included with this form.**

***All information should be turned in to the local high school counselor by March 12, 2010.**

**OSSM Grady County Regional Center
Canadian Valley Technology Center
1401 Michigan Ave
Chickasha, OK 73018
Attn: OSSM Selection Committee**