



**BROOKHAVEN NATIONAL LABORATORY  
OFFICE OF EDUCATIONAL PROGRAMS  
2010  
COMMUNITY SUMMER SCIENCE PROGRAM**

**Transcript Request**

To the Student: Please print your name and fill in your school in the spaces below. Sign and date this form and then submit it to your guidance office.

Student \_\_\_\_\_ School \_\_\_\_\_

To the Guidance Counselor:

The student listed above is applying to participate in the Community Summer Science Program at Brookhaven National Laboratory. Please forward a recent transcript of the student's academic record to the address below.

Transcripts must be received by **Friday, April 16, 2010** to ensure that the student's application will not be rejected as incomplete.

Catherine Osiecki  
Community Summer Science Program  
Brookhaven National Laboratory  
Science Education Center, Bldg. 438  
Upton, NY 11973-5000

This is to certify that I wish to forward my transcript to Brookhaven National Laboratory in support of my Community Summer Science Program application.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_