



**BROOKHAVEN NATIONAL LABORATORY
OFFICE OF EDUCATIONAL PROGRAMS**

2011

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 Name: _____

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, 2011** to ensure that the student's application will not be rejected as incomplete. Please forward your transcript to:

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:** _____