

Transcript Request Form

To request a copy of your high school transcript please fill out the form below. If the transcript needs to be official we will need to mail it directly to the college or organization it needs to be sent to. If you have any questions please contact the Guidance Office at (315)942-9200 ext. 5520.

Name: _____

Maiden Name: _____

Year of Graduation: _____

Date of Birth: _____

Home Address:

Street: _____

City: _____ State: _____

Phone: _____

Email: _____

PLEASE SEND TRANSCRIPT TO:

College or Organization: _____

Specific Person (if known): _____

(check one)

Official Transcript: (Official transcripts have to be sent directly to colleges) Unofficial:

Street: _____

City: _____ State: _____ Zip: _____

FAX Number: _____

Email: _____

Please sign the form for the Guidance Office to release your high school transcript

Signature: _____

You can download this form and email, fax or mail as follows:

Mail to:

Karen Philbrick
Adirondack Senior High School Guidance Office
8181 State Rt. 294
Boonville, NY 13309

email:kphilbrick@adirondackcsd.org
FAX Number: (315)943-2900