



**Schenectady City School District**  
**TRANSCRIPT & HEALTH REQUEST FORM**

Mail to: Schenectady High School  
 Guidance Office  
 1445 The Plaza  
 Schenectady, NY 12308  
 (518) 881-2044 option 2  
 Fax (518) 370-8169

<b>Date:</b>	<b>Date of Birth:</b>	<b>Phone:</b>
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**Name: \*\*\*\*** (Please be sure to include any name used while attending school) **\*\*\*\***

(Last) (First) (Middle Initial) (Maiden Name)

**CURRENT ADDRESS:**

<b>Number &amp; Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**SCHOOL ATTENDED** – Please specify **school** and the **year of graduation or withdrawal**

**LINTON** \_\_\_\_\_ **MONT PLEASANT** \_\_\_\_\_ **SHS** \_\_\_\_\_

- \_\_\_\_\_ **GRADUATION VERIFICATION LETTER**
- \_\_\_\_\_ **OFFICIAL TRANSCRIPT & IMMUNIZATION RECORD**
- \_\_\_\_\_ **UNOFFICIAL TRANSCRIPT ONLY**-If you are requesting an **Unofficial Transcript** (unsigned, cannot be sent on to school(s) or agencies), it would be for your own records **ONLY**
- \_\_\_\_\_ **OFFICIAL TRANSCRIPT ONLY**
- \_\_\_\_\_ **IMMUNIZATIONS RECORDS ONLY**

**Name and Address** where Official Transcript is to be sent (Official Transcripts are signed by a school official and are sent directly to the school or agency). Official Transcripts may also be put in a “sealed envelope” and be picked up or mailed to you.

1) Name:	2) Name:
Address:	Address:
City:	City:
State:                      Zip Code:	State:                      Zip Code:

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)