



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

Date:	Date of Birth:	Phone:
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Name: **** (Please be sure to include any name used while attending school) ****			
(Last)	(First)	(Middle Initial)	(Maiden Name)

CURRENT ADDRESS:

Number & Street:		
City:	State:	Zip Code:

SCHOOL ATTENDED – Please specify <u>school</u> and the <u>year of graduation or withdrawal</u>		
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)