



Schenectady City School District
TRANSCRIPT & HEALTH REQUEST FORM

Fee-\$1.00 Per Transcript Request
 Mail to: Schenectady High School
 Guidance Office
 1445 The Plaza
 Schenectady, NY 12308
 (518) 370-8200

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 school, graduation date or withdrawal date		
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)