

**SCHENECTADY CITY SCHOOL DISTRICT
TRANSCRIPT and 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: _____ Current Phone Number _____

Name: _____
Last First Middle Initial Maiden Name
(or Name School Records are Under)

Current Address: _____
Number and Street City State Zip Code

Date of Birth: _____ SS Number (Optional): _____

Year of Graduation or Date Last Attended: _____ Linton ____ Mont Pleasant ____ SHS ____

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) _____ 2) _____

Your Signature: _____

I also want my immunization records sent with my transcript _____
Your Signature

If you are requesting an Unofficial Transcript (unsigned, cannot be sent on to school or agencies, it would be for your own records ONLY) please check here: _____

For Office Use Only

Date Received: _____

Paid: Yes _____ No _____

Date Sent: _____

