TRANSCRIPT REQUEST FORM

Guidance Office
Cortland Junior Senior High School
8 Valley View Drive
Cortland, New York 13045

Telephone: (607) 758-4118
Fax: (607) 758-4193

Please complete the applicable items below and return to the above address. Please print legibly.

1. Name

_____
Last, First, Middle Maiden or other

Social Security or Student ID Number

_____

Birthdate: _____

Daytime Telephone Number _____ E-Mail Address _____

2. Address _____
Number & Street

_____ _____
City State Zip

3. Check if you are currently enrolled [ ]
OR indicate approximate last date of attendance _____

4. Please mail my transcript to address below:
Note: If transcript is to be sent to more than one address, use additional forms.

Institute or Individual _____

Address _____

City _____ State _____ Zip _____
Note: Student is responsible for correct address. Transcript(s) will be mailed to the address indicated above.

5. ***Note: Fill in <u>only</u> if fax is to be sent***. Please fax my transcripts to the number below:

FAX # _____
(Area code)
Send FAX attention: _____

Student's signature _____ Date _____