

TRANSCRIPT REQUEST FORM

PLEASE COMPLETE THIS FORM AND MAIL ALONG WITH A CHECK FOR \$5.00 MADE PAYABLE TO: EAST GREENBUSH CENTRAL SCHOOLS (The \$5.00 fee does not apply to currently enrolled CHS students.)

MAIL TO:
Columbia High School
Attention: Guidance Department
962 Luther Road
East Greenbush, NY 12061

Date of Request: _____

Name used at time of graduation: _____

(other name used, if any): _____

Date of Graduation: _____ **Telephone #:** _____

Date of Birth: _____

of Transcripts needed: _____ **(\$5.00 CHARGE PER TRANSCRIPT)**

Transcript(s) should be mailed to: ___ College ___ Home ___ Other

Transcript should be faxed to:

Name: _____

Fax #: _____

*****PLEASE NOTE: Official transcripts that are sent to home addresses will only be considered official if they are unopened with the Columbia High School seal intact.***

If you would like an email confirmation when your transcript is sent, please provide your email address.

Email address: _____

FOR CHS USE ONLY:

Date Sent: _____ **By:** _____

Payment Received: Amount: _____ **Check #** _____ **Cash** _____