

COLUMBIA HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Only to be filled out by students that have previously attended and are not currently attending Columbia High School

PLEASE COMPLETE THIS FORM AND MAIL FORM TO:

Columbia High School
Attn: 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: _____

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: _____

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FOR CHS USE ONLY: Date Sent: \_\_\_\_\_ By: \_\_\_\_\_