



235 North Ocean Ave
Freeport, New York 11520
Send Completed Form To:
Karpalmerguari@freeportschools.org
Fax - 516-867-5393

TRANSCRIPT REQUEST FORM

For Records Over TEN Years
(Less Than Ten Years, Please Contact the High School)

TODAY'S DATE

FULL NAME

PHONE

ADDRESS

EMAIL

NAME WHILE IN SCHOOL

DATE OF BIRTH

DID YOU GRADUATE? YES / NO

YES, WHAT MONTH & YEAR?

NO, WHAT YEAR DID YOU LEAVE?

SEND AN OFFICIAL COPY TO:
(SIGNED & SEALED)

SEND AN UNOFFICIAL COPY TO:

- EMAIL
- MAIL
- FAX

I understand that requests for records are processed in the order they are received and must be at least TWO weeks prior to the date needed.

I Have Enclosed \$2.00 For Each Copy Requested in either CASH or MONEY ORDER ONLY

SIGNATURE

DATE

Office Use Only

Received

Record Located

Completed