

High School Transcript Request Form
(No fee required)

Student Name _____

Maiden Name (if different) _____

Mailing Address _____

Phone Number () _____ Date of Birth _____

Date of Graduation _____

If not a graduate then date left school _____

Please mail me: _____ unofficial copy

I will pick up: _____ unofficial copy

Mail official copy to: (college name and address)

You are responsible for the correct and legible address.
Most colleges require the transcript mailed directly from our school to them.

Please mail/fax request to the address/number below.
Guidance Office Mayfield Jr. Sr. High School

27 School Street
Mayfield, NY 12117
Ph # 518-661-8213
Fax # 518-661-7834

For office use only:

Processed by _____

Date mailed _____

Date Faxed _____