

# Sharon Springs Central School

PO Box 218

Sharon Springs, NY 13459

(518)-284-2266

Fax (518)-284-9033



## Academic Transcript Request Form

### HOW TO REQUEST AN ACADEMIC TRANSCRIPT:

- Use one transcript request form for each address.
- Fax the completed request form to: (518)-284-9033  
OR
- Mail the transcript request form to:  
Sharon Springs Central School  
Transcript Request  
PO Box 218  
Sharon Springs, NY 13459
- Date of Birth & Signature are **required**.
- Requests are usually processed within five business days.
- Transcripts will be mailed.
- Please contact the office at (518)-284-2266 with any questions.

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### PLEASE PRINT:

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Former Name: \_\_\_\_\_  
(maiden – if applicable; marriages, etc.)

ID Number/SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Send Transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_