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.

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: _____

_____

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