



TRANSCRIPT REQUEST FORM

Records Office

Fax: (315) 368-6272

PERSONAL INFORMATION (PLEASE PRINT CLEARLY):

NAME	PREVIOUS NAME
BIRTH DATE / /	GRADUATION DATE / OR
CURRENT ADDRESS	DATE LAST ATTENDED /
CITY/STATE/ZIP	PHONE () -

NUMBER OF TRANSCRIPTS _____. PLEASE NOTE IT IS THE STUDENT'S RESPONSIBILITY TO DETERMINE THE TOTAL NUMBER OF TRANSCRIPTS REQUIRED FOR EACH ORGANIZATION AND TO PAY THE \$5.00 FEE. ADDRESSES OR FAX NUMBERS OF ADDITIONAL ORGANIZATIONS MUST BE SENT WITH THIS REQUEST OR THERE WILL BE AN ADDITIONAL \$ 5.00 CHARGE. FOR STUDENTS IN THE CURRENT GRADUATING CLASS THE FEE WILL BE WAIVED.

SELECT ONE OF THE FOLLOWING OPTIONS:

- | | | |
|-----------|--------------------------|--|
| 1. | <input type="checkbox"/> | I WILL PICK UP THE TRANSCRIPT(S) \$ 5.00 FEE. A photo ID will be required at the time of pick up. Any transcripts not picked up after 30 days will be destroyed. |
| 2. | <input type="checkbox"/> | MAIL OFFICIAL TRANSCRIPT(S) IMMEDIATELY TO THE ADDRESS SPECIFIED.
\$ 5.00 FEE. Enclosed is a check or money order made payable to Utica City School District . |
| 3. | <input type="checkbox"/> | FAX TRANSCRIPT TO THE ADDRESS SPECIFIED.
\$ 5.00 FEE. The fax will be completed upon payment. |

FAX OR MAIL TO:

ATTENTION/NAME OF ORGANIZATION		
STREET ADDRESS/FAX NUMBER WITH AREA CODE		
CITY	STATE/ZIP CODE	COUNTRY/PROVINCE

TRANSCRIPTS WILL NOT BE RELEASED WITHOUT A SIGNATURE. I AUTHORIZE THE RELEASE OF MY TRANSCRIPT AS INDICATED ON THE TRANSCRIPT REQUEST FORM.

DATE: _____ SIGNATURE: _____

MAIL OR FAX COMPLETED FORM TO:

**T.R. PROCTOR HIGH SCHOOL
1203 HILTON AVENUE UTICA, N.Y. 13501
ATTN: RECORDS**

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