



MAHOPAC HIGH SCHOOL

Every Child, Every Challenge, Every Day

Phone: 845-628-3256
Fax: 845-628-4380
421 Baldwin Place Road
Mahopac, New York 10541
www.mahopac.k12.ny.us

TRANSCRIPT REQUEST FORM (For Graduates and non-Graduates of MHS)

**Please fax the completed form to 845-628-4380
We will mail your transcripts to the exact address that you provide below
Please allow 1 week for transcript processing**

{Please Print Clearly}

Name: _____
Last Name Middle Initial First Name
Maiden name (if applicable): _____
Month/Year of Graduation: _____ Date of Birth: _____
Phone Number: _____ E-Mail Address: _____

Circle One: **MAIL E-MAIL FAX** a copy of my high school transcript to (Office of Admissions / Employer / etc.)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
FAX #: _____ (will not be an official/sealed transcript)
E-Mail Address: _____ (will not be an official/sealed transcript)

Circle One: **MAIL E-MAIL FAX** a copy of my high school transcript to (Office of Admissions / Employer / etc.)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
FAX #: _____ (will not be an official/sealed transcript)
E-Mail Address: _____ (will not be an official/sealed transcript)

I hereby request the release of my high school transcript to the above college(s) and/or organization(s)

Signature of Student

Date

Note: College Board & American College Test (ACT) scores must be sent directly by you from the agencies themselves

For Office Use Only
Date Received: _____
Date Mailed/E-Mailed/Faxed: _____
Transcript Given to Student: _____