Mahopac High School

Mahopac Graduate Transcript Request Form

Name: _____

(Please Print) Last First

Maiden name (if applicable): _____

Month/Year of Graduation: _____ Date of Birth: _____

Phone Number: _____ E-Mail Address: _____

Please send transcript(s) to: (We will mail your transcripts to the exact address that you provide.)

1: _____

_____

_____

2: _____

_____

_____

3: _____

_____

_____

PLEASE ALLOW FIVE (5) SCHOOL DAYS UPON RECEIPT OF THIS FORM FOR PROCESSING AND MAILING:

Mail, fax, or e-mail completed form to:

Mahopac High School
ATTN: Sharon Schwartz
421 Baldwin Place Road
Mahopac, NY 10541
Fax: (845) 628-4380
E-mail: schwartzs@mahopac.k12.ny.us

I authorize Mahopac High School to release a copy of my official transcript to the above-named school or institution. (Parent signature is required if student is under 18.)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if applicable)

For Office Use Only:

Date Received: _____

Date Transmitted: _____