

NANUET SENIOR HIGH SCHOOL

Office of School Records

103 Church Street

Nanuet, NY 10954

(845) 627-9826

fax – (845) 627-1884 or scan and email to eimorr@nanuetd.org

TRANSCRIPT RELEASE FORM – FORMER STUDENTS

Date: _____

Year of Graduation: _____

Or

Telephone #: _____

Date Last Attended: _____

Date of Birth: _____

Last Name: _____

First Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Please send a copy of my records to: (please give full address and Name of College)

Student 's Signature: _____