

**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 ccarmony@nanuetsd.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: \_\_\_\_\_