

**Official Transcript Request**

Complete all sections.

Return in person, by mail or fax.

Photo identification is required.

**Pawling High School**

**Guidance Office**

**30 Wagner Rd**

**Pawling, NY 12564**

**Phone (845) 855-4615 fax 855-4678**

**Name** \_\_\_\_\_  
Last First Maiden

**Date of Birth:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Your Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Phone number:** \_\_\_\_\_

**Name and address where transcript is to be sent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Normal processing is 3-5 days from date of request excluding delivery.*

\_\_\_\_\_  
Student's/Alumnus' Signature date

*Per The Family Educational Rights and Privacy Act, we cannot release transcripts to a parent without written permission once the student "reaches the age of 18 or attends a school beyond the high school level."*

**FOR OFFICE USE ONLY**  
**DATE SENT:** \_\_\_\_\_  
**INITIALS:** \_\_\_\_\_