

**Official Transcript Request**  
Complete all sections.  
Return in person, by mail or fax.

**Pawling High School  
Guidance Office  
30 Wagner Rd  
Pawling, NY 12564  
Phone (845) 855-4615 fax 855-4678**

***Photo Identification is required***

**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."*

***Please submit your photo ID. Thank you***

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p><b>DATE SENT:</b> _____</p> <p><b>INITIALS:</b> _____</p>
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