

Chatham High School Guidance Office
50 Woodbridge Ave., Chatham, NY 12037
518-392-1575
FAX 518-392-0879

ALUMNUS TRANSCRIPT REQUEST

Name graduated/withdrawn under _____

Date of Birth _____

Date requested _____ To be Sent/Picked-up/Faxed _____

Person requesting transcript _____

Phone number _____

FAX number _____

Year Graduated _____

Year Withdrawn _____

Official Transcript _____

Unofficial Transcript _____

Immunizations _____

Verification of Graduation _____

College/ University/Home Address
to be sent to:
