

Chatham High School Guidance Office  
50 Woodbridge Ave., Chatham, NY 12037  
518-392-1575  
FAX 518-392-0908

## ALUMNUS TRANSCRIPT REQUEST

Name graduated/withdrawn under \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date requested \_\_\_\_\_ Send / Pick-up / Fax / Email \_\_\_\_\_

Person requesting transcript \_\_\_\_\_

Phone number \_\_\_\_\_

FAX number \_\_\_\_\_

Email address \_\_\_\_\_

Year Graduated \_\_\_\_\_

Year Withdrawn \_\_\_\_\_

Official Transcript \_\_\_\_\_

Unofficial Transcript \_\_\_\_\_

Immunizations \_\_\_\_\_

Verification of Graduation \_\_\_\_\_

College/ University/Home Address to send transcript:

\_\_\_\_\_

\_\_\_\_\_

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