

TRANSCRIPT REQUEST/RECORDS REQUEST FORM
DUANESBURG HIGH SCHOOL

FIRST NAME: _____ LAST NAME: _____ GRADE _____

DOB _____ MAILING ADDRESS: _____

HOME PHONE _____ CITY: _____ STATE: _____ ZIP: _____

OFFICIAL TRANSCRIPT / UNOFFICIAL TRANSCRIPT (circle one)

IF UNOFFICIAL: WILL PICK UP / MAIL TO ABOVE (circle one)

IF OFFICIAL: UPLOADED / MAILED TO BELOW (circle one) (official transcripts go directly to colleges)

1ST / 2ND QUARTER GRADES: YES / NO (circle which quarter)

SEND COUNSELOR RECOMMENDATION: YES / NO

(IF YES, HAVE YOU FILLED OUT A STUDENT DATA SHEET: YES / NO)

STUDENT SIGNATURE _____ DATE SUBMITTED TO GUIDANCE _____

PLEASE FULLY COMPLETE INFORMATION BELOW

1. **COMPLETE NAME** _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

2. **COMPLETE NAME** _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

3. **COMPLETE NAME** _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

4. **COMPLETE NAME** _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

(ALL COLLEGE ADDRESSES MUST BE COMPLETE) PLEASE ALLOW 72 HOURS FOR TRANSCRIPT, ALLOWING ALSO AT LEAST ONE WEEK FOR A COMPLETE COLLEGE PACKET-LETTER OF REC, SCHOOL REPORT ETC. REQUESTS TO BE PROCESSED DURING GRADING MAY REQUIRE EXTRA TIME.

5. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

6. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

7. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

8. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

9. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

10. COMPLETE NAME _____
AND
ADDRESS OF COLLEGE: _____

POSTMARK
DEADLINE: _____

DATE SENT (completed by guidance): _____

COUNSELOR NOTE: _____

*****PLEASE ALLOW 72 HOURS FOR TRANSCRIPT REQUESTS
TO BE PROCESSED. ALLOW AT LEAST ONE WEEK FOR LETTERS OF
RECOMMENDATION, SCHOOL REPORTS ETC. ALSO ALLOW EXTRA
TIME DURING GRADING.**