



RECORDS REQUEST

HOOSIC VALLEY JUNIOR SENIOR HIGH SCHOOL COUNSELING OFFICE

(518)753-4458 EXT. 2507

(518) 753-4151 FAX

Janderson@hoosicvalley.org

To request a copy of your transcript please complete this form and return to Ms. Anderson in the guidance office. Please note that transcripts will be processed within 10 days of request. Official transcripts may be mailed or emailed directly to a college or employer.

DATE _____

STUDENT FIRST AND LAST NAME _____

NAME AT TIME OF ATTENDANCE(if different) _____

DATE OF BIRTH _____

YEAR OF GRADUATION OR LAST YEAR OF ATTENDANCE _____

TELEPHONE NUMBER/ EMAIL _____

Authorization is hereby granted to release academic records held by Hoosic Valley Central School District concerning the person named above.

Signature _____

Date _____

SEND TO :

- ☐ College
- ☐ Employer
- ☐ Self

PERSON REQUESTING TRANSCRIPT _____

CONTACT NUMBER/EMAIL/FAX _____

OR

MAILING ADDRESS _____

*****For Office Use Only*****