

**HARBORFIELDS HIGH SCHOOL
GUIDANCE DEPARTMENT
(631) 754-5360 EXT. 405
FAX (631) 754-6237**



***** REQUEST FOR TRANSCRIPT *****

PHONE #: _____

BIRTHDATE: _____

NAME: _____
(Include Maiden Name, if applicable)

ADDRESS: _____

MONTH/YEAR GRADUATED: _____

DID NOT GRADUATE/LAST YEAR ATTENDED: _____

I HEREBY REQUEST THAT AN OFFICIAL COPY OF MY HIGH SCHOOL TRANSCRIPT BE SENT TO THE FOLLOWING:

I HEREBY REQUEST THAT AN UNOFFICIAL COPY OF MY HIGH SCHOOL TRANSCRIPT BE SENT TO THE FOLLOWING:

I HEREBY REQUEST THAT A COPY OF MY SCHOOL HEALTH RECORDS BE SENT TO THE FOLLOWING:

SEND TO:

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Rev. 2/10

For Office Use Only:

File Room Microfilm Back Room Sun Valley Infinite Campus