

**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: _____

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- 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:
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SEND TO:

NAME: _____

ADDRESS: _____

SIGNATURE: _____

Rev. 1/08