

William Floyd High School
Counseling Center

TRANSCRIPT REQUEST FORM

In order to forward a transcript or any school records to other schools, colleges, universities or prospective employers, we require written permission in order to comply with such requests.

ALL TRANSCRIPTS INCLUDE:

- All High School courses taken
- Final Grades Earned and Credit Granted
- Grade Point Average
- Rank in Class

NAME USED WHEN ATTENDED HIGH SCHOOL: _____

DOB: _____

DATE OF GRADUATION: _____ **-OR-** **DATE LEFT SCHOOL:** _____
(MONTH & YEAR) (MONTH & YEAR)

Transcript to be sent to: _____

Please sign below if you want to have your records released.

I hereby consent to the release of a copy of my transcript/academic records from William Floyd High School to any schools and/or associations to which I apply.

SIGNATURE: _____

PHONE # _____

TODAYS DATE: _____

* Transcripts will be mailed 48 hours after requests are received

If you are unable to bring this form to the Guidance Department, please mail or fax it to the address below:

William Floyd High School
240 Mastic Beach Road
Mastic Beach, NY 11951
ATTN: Guidance Department
Fax to: 631-874-1246