

**PELHAM MEMORIAL HIGH SCHOOL
COUNSELING OFFICE**

575 Colonial Avenue

Pelham, NY 10803

Phone: (914) 738-8110

Fax: (914) 738-6706

<http://pmhs.pelhamschools.org>

Eugene Farrell, Director

School Counselors:

Ms. Gena Archer

Mr. Luis Barceló

Ms. Katelin Cuccia

Mr. Terence Huvane

Ms. Carla Matus

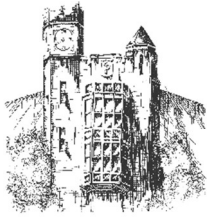
HS GRADUATES/FORMER STUDENTS OF PELHAM MEMORIAL

HIGH SCHOOL REQUEST FOR TRANSCRIPT

- Please complete all information and sign the bottom of the form in order for your request to be processed in a timely manner.
- Include a copy of your state issued picture identification (ID). Requests will not be processed without it.
- Please send the completed transcript request form with a copy of your state issued picture ID to: lridulfo@pehamschools.org or kscalisi@pelhamschools.org
- Or FAX to: **914-738-6706**

NOTE: If you are applying to a school and need an **OFFICIAL** transcript, we can mail it directly to the school. If we mail it to you, the transcript **MUST** remain sealed in the PMHS envelope to be official. We can give you a copy of your transcript for your use that will have “unofficial” written on it.

PLEASE NOTE: TURNAROUND TIME FOR PROCESSING REQUESTS: 10 BUSINESS DAYS.



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PMHS Alumni Transcript Request

Name _____,
Last First

Maiden Name _____

Date of Birth _____

Phone Number _____

Current Address _____

PMHS Graduate? Yes What Year? _____

No Last Year Attended? _____

Please include a copy of your state issued picture ID with all requests.

Please check all that apply

I am requesting the Official Transcript be released to:

College, Trade School, Agency or Employer

Mailing Address

I am requesting an Unofficial Transcript be released to:

Name

Mailing Address, Fax Number or Email Address

I understand that PELHAM UNION FREE SCHOOL DISTRICT, cannot guarantee the confidentiality of any information that is sent via fax or email. I also understand Official Transcripts are mailed directly to the College, Trade School, Agency or Employer.

Signature _____ Date: _____