



TRANSCRIPT REQUEST FORM

Please complete form. Missing or incomplete information can cause delays in processing. Once completed, forms can be mailed to Onteora Central School, Attn: School Counseling Department, P.O. Box 300, Boiceville, NY 12412 or e-mailed to transcripts@onteora.k12.ny.us.

Please type or print information below unless otherwise noted.

Current Legal Name

Full Legal Name at Graduation

Date of Birth

Phone Number

E-Mail Address

Graduated from OCS? Yes No

If Yes – Year Graduated

If No – Last Year Attended

Please check any of the following that apply (Allow 10 business days, once received in our office, for processing requests):

I will pick up transcript(s) in the School Counseling Office **PHOTO ID IS REQUIRED**

Please FAX transcript(s) to the following organization: **(Faxed transcripts are unofficial)**

Organization Name

Fax Number

Please mail **sealed** official transcript(s) to:

College/University/Place of Business/Military or your address* on file at OCS

Address Line #1 – Street/P.O. Box

Address Line #2 – City, State and Zip Code

*If your current address **is not** on file with OCS and you are **not** picking up the sealed official transcript in person, please provide a copy of your photo ID with your current address along with this completed form.

Signature

Date of Request