

GLEN COVE HIGH SCHOOL
GLEN COVE, NY 11542

TRANSCRIPT REQUEST FORM

NAME: _____

MAIDEN NAME: _____

EMAIL ADDRESS: _____

PHONE: _____ CELL: _____

PLEASE COMPLETE:

YEAR GRADUATED: _____

YEAR LEFT SCHOOL: _____

YEAR RECEIVED GED: _____

YEAR ALTERNATE SCHOOL: _____

PLEASE SEND MY: _____ OFFICIAL TRANSCRIPT _____ UNOFFICIAL TRANSCRIPT

SIGNATURE: _____
Student or Parent (if student is under 18 years of age)

DATE MAILED OUT: _____