



# DANSVILLE HIGH SCHOOL

282 Main Street \* Dansville, NY 14437  
Phone (585) 335-4010 \* Fax (585) 335-4080  
www.dansvillecsd.org

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_  
Request By: Phone VoiceMail Email Fax In Person U SPS

## FORMER STUDENT TRANSCRIPT REQUEST

### Requestor's Information:

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Transcript to be used for: \_\_\_\_\_

### PLEASE READ

“OFFICIAL Transcripts” are **ONLY** considered official when signed by a Dansville School District Counselor and stamped with the school district’s official raised seal. “OFFICIAL Transcripts” **CANNOT** be sent to individuals; they must be sent directly from Dansville High School to a College, University, Scholarship Organization, Business, etc. Most Colleges/ Universities, Scholarships, Employment Verifications, etc. require an “OFFICIAL” copy of your transcript.

“UNOFFICIAL Transcripts” may be sent to you personally or picked up by YOU from the Counseling Office of Dansville High School. Requests for an “UNOFFICIAL” copy of your transcript are mostly for your personal use and/or knowledge. An “UNOFFICIAL Transcript” **WILL NOT** be signed or sealed by a Dansville School District employee.

Test Scores that are included on your High School Transcript are not official. If your college SPECIFICALLY states that it wants “OFFICIAL SCORES”, they **MUST** be forwarded from the testing corporation at YOUR request and expense. This can usually be done online.

Please select which type of transcript you are requesting.

OFFICIAL

UNOFFICIAL

\_\_\_\_\_  
Former Student Signature

\_\_\_\_\_  
Date

## PLEASE ALLOW 10 SCHOOL DAYS FOR PROCESSING

### Send Transcript To:

College OR Business Name: \_\_\_\_\_  
College OR Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### For Questions & To Return Request:

Amy Oldfield \* DHS Counseling Office  
282 Main St \* Dansville, NY 14437  
oldfielda@dansvillecsd.org  
Fax (585) 335-4080

### FOR OFFICE USE: Processing

Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_ Emailed: \_\_\_\_\_ Initials: \_\_\_\_\_  
Pickup: \_\_\_\_\_ Initials: \_\_\_\_\_ Faxed: \_\_\_\_\_ Initials: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_