

**West Irondequoit Central School District**  
**Ms. Blyszczak – Counseling Center**  
**E-mail: Lesia\_Blyszczak@westiron.monroe.edu**  
**260 Cooper Road**  
**Rochester, New York 14617-3095**  
**(585) 336-2931**  
**Fax: (585) 336-3121**

**PAST GRADUATE TRANSCRIPT REQUEST**

**Official** transcripts need to be mailed directly from Irondequoit High School. You may request an **unofficial** transcript be sent directly to you for your personal records.

Year of Graduation \_\_\_\_\_ or Last Year Attended \_\_\_\_\_

Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Birth Date \_\_\_\_\_

Request for \_\_\_\_\_ College Admission \_\_\_\_\_ Employment  
\_\_\_\_\_ Immunization Record \_\_\_\_\_ Military  
\_\_\_\_\_ Scholarship \_\_\_\_\_ Unofficial

**Please provide a pre-addressed/stamped envelope for each mailing.**

Mail to:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**YOU HAVE PERMISSION TO RELEASE MY TRANSCRIPT & TEST SCORES:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE:

Date Mailed \_\_\_\_\_ Recorded By \_\_\_\_\_