



SOUTHWESTERN HIGH SCHOOL
600 HUNT ROAD
JAMESTOWN, NY 14701
(716) 664-6273 FAX (716) 484-1167

TRANSCRIPT REQUEST FORM

Complete and return this form to the counseling office via email lnobbs@swcsk12.org, fax (716) 484-1167, or mail to SWHS, Counseling Office, 600 Hunt Road, Jamestown NY 14701

NAME: _____ DATE OF BIRTH: _____

(Please include your last name at time of graduation)

Last year of attendance: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

(If provided, a confirmation email will be send from lnobbs@swcsk12.org when your transcript has been mailed/faxed)

(This Release of Information Authorization form completed and filed is in compliance with the FAMILY EDUCATION RIGHTS AND PRIVACY ACT. I understand that this authorization releases the Southwestern High School from all legal responsibilities which may arise from this act.)

Where would you like your transcript sent?

Employer/School Name: _____

Address: _____

City, State, Zip: _____ Fax # _____

Would you like and *unofficial* copy sent to you at your address above? _____ Yes _____ No

Your official transcript will be sent within 2 business days.

If you are under 18 years of age you must have a parent sign for your transcript to be released.

Student/Parent Signature

Date

Office Use Only:

Date Received:

Date Completed: