



**MARCELLUS
Senior High School**

ALUMNI TRANSCRIPT REQUEST FORM

Send to:
Marcellus High School Counseling Office
1 Mustang Hill
Marcellus, NY 13108
dgascon@marcellusschools.org
Fax: 315-673-6327

Name _____ Last Name While Attending MHS _____

Date of Birth _____ Year of Graduation or Withdrawal _____

Address _____
Street City State Zip

Phone # _____ Email Address: _____

Pick-Up Mail Email

NAME OF THE RECIPIENT(S) AND MAILING ADDRESS(ES)

You are responsible for the correct, complete, and legible address.

Recipient #1

Name/School _____

Company/Office _____

Address _____

City, State, Zip _____

Number of Copies _____

Recipient #2

Name/School _____

Company/Office _____

Address _____

City, State, Zip _____

Number of Copies _____

If you have additional recipients, please attach another form.

I, the above-named, student certify that all the information provided is correct; that the recipient(s) information is accurate, complete, and legible. I understand that the transcript will be provided in a stamped and sealed envelope to the recipients listed (transcripts mailed to graduates are unofficial and will not be stamped and sealed), and that tampering with the envelope will nullify the validity of the transcript(s).

Alumni Signature _____ Date _____