

TRANSCRIPT REQUEST

After this form is completed and signed, you may send it to Centereach High School at:

**Centereach High School
14 43rd Street
Centereach, NY 11720
Attn: Transcript Requests**

or

Fax# 631-285-8101

or

Email: CHS-Transcript-Department@mccsd.net

Date of Request: _____

Name: _____ **Maiden Name:** _____

Phone #: _____

D.O.B.: _____

Grad. Date: _____

If a non-graduate, date left school (month/year): _____

School to be mailed to: _____
(If unofficial, person mailed to:) _____

Immunization Records: _____

Unofficial Transcript: _____

Official Transcript: _____

(Official transcripts need to be mailed directly to the school or organization, unofficial can be mailed to a person.)

I hereby authorize Centereach High School to release the above requested documents to the individual / school / organization noted above.

Signature: _____

For Office Use Only

Date mailed: _____