



TRANSCRIPT REQUEST FORM

NEWFIELD HIGH SCHOOL
145 MARSHALL DRIVE
SELDEN, NY 11784
(631)285-8300

Fax this request form to: 631-285-8336

or email to: nhsrecords@mccsd.net

or mail to: Newfield High School
145 Marshall Drive
Selden, NY 11784
Attn: Records Office

Name used when attended Newfield HS _____

Date of Birth _____

Year of Graduation _____ or year you left Newfield _____

Transcript to be mailed to:

OR number to be called to pick up: _____

Signature Date

Telephone Number (if we need to contact you)