## Alexander Hamilton Jr./Sr. High School

98 South Goodwin Avenue, Elmsford, NY 10523 • Phone: 914-592-8532 • Fax: 914-592-3343

## REQUEST FOR HIGH SCHOOL TRANSCRIPT

(Former students of AHHS)

Full Name (Please print clearly)			Maiden Name (if applicable)	
Telephone Nur	nber:			
Date of Birth:			Date of Graduation: or Date Left District:	
l am requestin	g the fo	ollowing document(s):		
		Official Transcript -	Embossed & sealed in AHHS envelope. Usually required by schools & employers.	
		<u>Un</u> official Transcript –	no seal or signature	
			as are not kept on file and must be ordered.)	
Send Transcrip	t to:			
SIGNATURE			DATE	
This complet	- fa - di	axed to 914-592-3343	Guidance Office, 98 South Goodwin Avenue, Elmsford, NY 1052:	