

JASPER-TROUPSBURG CENTRAL SCHOOL

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TRANSCRIPT REQUEST

Date of Request: _____

All transcript requests must be filled out and emailed, mailed or faxed to the school for processing. Processing may take up to two weeks from the date of receipt, so please plan accordingly.

Please return to:
Jasper-Troupsburg Central School
Attention: Guidance Office
3769 State Route 417
Jasper, NY 14855
jstone@jtcsd.org
Fax: (607)792-3749

Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Year of Graduation: _____

Please circle one:

I graduated from: Jasper Troupsburg Jasper-Troupsburg

Please send my transcript to:

College/School Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

High School Building
2661 State Route 248
Greenwood, NY 14839
607-792-3690

District Office
2661 State Route 248
Greenwood, NY 14839
607-792-3675

Elementary School Building
908 State Route 36
Troupsburg, NY 14885
607-525-6301