

MILLER PLACE HIGH SCHOOL

Guidance Office

15 Memorial Drive
Miller Place, New York 11764
(631) 474-2728
Fax (631) 474-2734

REQUEST FOR TRANSCRIPT

(Former Students)

Student Name: _____
(Name used when attended MPHS)

Year of Graduation: _____ **Telephone #:** _____

Date of Birth: _____ **Fax #:** _____

Did Not Graduate: _____

****COPY OF A VALID PHOTO ID MUST BE ATTACHED****

Please check all that apply:

Send Official to: (Name & Complete address)

____ Transcript

Name

____ Immunizations

Street Address

____ Other: _____

City State Zip Code

Please check here if you attended the Special Education Program _____

Signature: _____ **Date:** _____

Return to:

MPHS Guidance Office
15 Memorial Drive
Miller Place, NY 11764

or Fax: 631-474-2734 **or Email:** matyler@millerplace.k12.ny.us

Office Use:

Date received: _____

Date sent/picked up: _____

Sent by: _____