



Holland Patent Central School
High School Transcript Request Form



Email to: ACyr@hpschools.org

FAX: 315-865-7293

Date _____

I _____, _____

Name at time of graduation

DOB

give the Holland Patent Central School permission to release my transcript
from my graduation year of _____ to the following institution(s):

(enter full mailing address, email, fax #)

(enter full mailing address, email, fax #)

Thank you,

Signature