



Transcript Request Form

Please complete form. Missing or incomplete information can cause delays in processing. Once completed, forms can be mailed to Onteora Central School, Attn: School Counseling Department, P.O. Box 300, Boiceville, NY 12412 or e-mailed to transcripts@onteora.k12.ny.us.

Please type or print information below unless otherwise noted.

Current Legal Name _____

Full Legal Name at Graduation _____

Date of Birth _____ Phone Number (____) _____

E-Mail Address _____

Graduated from OCS? (Yes or No) _____ If Yes – Year Graduated _____

If No – Last Year Attended _____

Please check any of the following that apply (Allow 10 business days, once received in our office, for processing requests):

- ☐ I will pick up transcript(s) in the School Counseling Office **PHOTO ID IS REQUIRED**
- ☐ Please FAX transcript(s) to the following organization: (**Faxed transcripts are unofficial**)

Organization Name _____ Fax Number (____) _____

- ☐ Please mail **sealed** official transcript(s) to:

College/University/Place of Business/Military or your address* on file at OCS

Address Line #1 – Street/P.O. Box

Address Line #2 – City, State and Zip Code

*If your current address **is not** on file with OCS and you are **not** picking up the sealed official transcript in person, please provide a copy of your photo ID with your current address along with this completed form.

Signature _____ Date of Request _____