

**Manhasset High School  
Counseling Department  
Transcript Verification Form  
Class of 2026**

**Name:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

**Upon final review of your unofficial transcript:**

- **Complete either Section A or Section B below.**
- **Return completed form to the Counseling Office by  
September 19, 2025**

**Please be reminded that an official transcript will not be generated until we have received this verification form.**

**Section A:**

**My parent/guardian and I have examined my transcript and found it to be correct.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

-----  
**Section B:**

**My parent/guardian and I have examined my transcript and we believe that it is incorrect, as described below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**