



Fox Lane High School

P.O. Box 390 | Route 172
Bedford, NY 10506
(914) 241-6085



Dr. Jennifer Amos, *Principal*
Mrs. Kristy Emery, Mr. Dan Mulvey, Mr. Jason Spector, *Assistant Principals*

Transcript Request Form

A transcript request **must** be in writing by using this form and emailing the requested information to the High School Registrar **Patricia Cord** at: pcord2241@bcsdny.org . This form can also be **faxed to 914-241-6064** or **mailed to Fox Lane High School, Attn: Patricia Cord, P.O. Box 390, Bedford, NY 10506.**

A transcript is **“Official”** only when it is sealed and mailed or emailed directly to a school, college, or place of employment. Only “Unofficial” transcripts can be mailed to you and are stamped **“Unofficial”**.

The transcript verifies proof of graduation, we do not have copies of diplomas.

Last Name (Maiden Name)	First Name	Date of Birth	Year Graduated
-------------------------	------------	---------------	----------------

Email or Mail an **OFFICIAL** copy to:

School, College or University, Employer

Email: _____

Mailing Address: _____

Mail an **UNOFFICIAL** copy to:

Name: _____

Address: _____

OR:

Call Ms. Cord at 914-241-6093 to make an appointment to pick up a copy in person.

Please sign and date transcript request: _____
Signature Date

Your contact information, phone# and/or email address: _____