



High School Transcript Request Form

Email to: mhale@newyorkmills.org

FAX: 315-768-3397

Date _____

I, _____, _____
Name at the time of graduation DOB

Give the New York Mills Union Free School District permission to release my High School Transcript from my graduation year of _____ to the following institution(s):

Please provide the full mailing address, email, and fax #.

_____	_____
_____	_____
_____	_____
_____	_____

Signature