

TRANSCRIPT REQUEST

After this form is completed and signed, you may send it to Centereach High School at:

Centereach High School
14 43rd Street
Centereach, NY 11720
Attn: Transcript Requests
OR

Email: chstranscriptrequest@mccsd.net

Date of Request: _____

Name: _____ Maiden Name: _____

Phone #: _____

D.O.B.: _____

Grad. Date: _____

If a non-graduate, date left school (month/year): _____

School to be mailed to: _____
(If unofficial, person mailed to:) _____

Immunization Records: _____

Unofficial Transcript: _____

Official Transcript: _____

(Official transcripts need to be mailed directly to the school or organization, unofficial can be mailed to a person.)

*I hereby authorize Centereach High School to release the above
requested documents to the individual / school / organization noted above.*

Signature: _____

For Office Use Only

Date mailed: _____