Manhasset High School
Counseling Department
Transcript Verification Form
Class of 2027

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 <u>September 18, 2026</u>**

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**