

**SCHODACK CENTRAL SCHOOL DISTRICT**

1477 South Schodack Road  
Castleton-on-Hudson, New York 12033

**TRANSCRIPT REQUEST FORM - ALUMNI**

Date of request \_\_\_\_\_

Student Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**Please complete the appropriate section below.**

**Email Transcript To:** \_\_\_\_\_

\_\_\_\_\_

**Mail Official Transcript To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax Transcript To:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**I authorize Schodack Central School District to release my transcript as indicated above.**

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

\_\_\_\_\_  
**Student Name Printed**

**Please forward completed signed form to Schodack Central School District via:**

Email: [msouthard@schodack.k12.ny.us](mailto:msouthard@schodack.k12.ny.us)

Fax: Guidance Office – Maple Hill Jr/Sr High School (518) 732-0494

Mail: Maple Hill Jr/Sr High School  
Guidance Office  
1477 S. Schodack Road  
Castleton, NY 12033