



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.

I am requesting: ☐ **Unofficial Transcript** ☐ **Official Transcript** (*Must be Sealed & Mailed)

Email Unofficial Transcript To:

Mail Official Sealed 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: Kfeldman@schodack.k12.ny.us

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

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