

**FORMER STUDENTS ONLY**  
**Poughkeepsie High School**  
**Transcript Request Form**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(At the time of high school attendance)

Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation (or last year attended): \_\_\_\_\_

Please check the appropriate boxes. If mailing this form, please attach a copy of your ID and mail to:  
Poughkeepsie High School, 70 Forbus St., Poughkeepsie, NY 12603 Attn: Transcripts  
Or email request form and ID to: [jkeenan@poughkeepsieschools.org](mailto:jkeenan@poughkeepsieschools.org)

Transcript will be picked up

Transcript to be mailed (fill out complete address below)

Transcript to be emailed or faxed to a college/university

Name of College/University: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Attention to: \_\_\_\_\_

**\*\*If you are requesting a transcript to be mailed, please give the complete name and address below.**

**College/University Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For Staff Use Only)

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Date Mailed \_\_\_\_\_ Date Picked Up \_\_\_\_\_ Date emailed/faxed: \_\_\_\_\_