

**POUGHKEEPSIE HIGH SCHOOL
FORMER STUDENTS ONLY
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) _____

**If mailing this form, attach copy of identification.
Please note there is a \$2.00 fee per official transcript.
(Cash, check or money order made out to Poughkeepsie City School District)**

Please check the appropriate boxes

_____ Transcript to be picked up Official Transcript: _____

_____ Transcript to be mailed (complete address below) Unofficial Transcript: _____

_____ Transcript to be faxed to a college/university (unofficial)

Fax Number: _____

College Name: _____

Attention: _____

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

College/University Address

.....
(For Guidance Staff Use Only)

Processed by _____ Date _____

Date Mailed _____ Date Picked Up _____ \$2.00 Fee _____