



RECORDS REQUEST

HOOSIC VALLEY JUNIOR SENIOR HIGH SCHOOL COUNSELING OFFICE

To request a copy of your transcript, please complete this form and return it to Ms. Anderson in the guidance office. Please note that transcripts will be processed within 10 days of the request. Official transcripts may be mailed or emailed directly to a college or employer.

DATE

STUDENT FIRST AND LAST NAME
NAME AT TIME OF ATTENDANCE(if different)

DATE OF BIRTH

YEAR OF GRADUATION OR LAST YEAR OF ATTENDANCE

TELEPHONE NUMBER/ EMAIL

Authorization is hereby granted to release academic records held by Hoosic Valley Central School District concerning the person named above.

Signature

Date

SEND TO :

- ☐ College
- ☐ Employer
- ☐ Self

PERSON REQUESTING TRANSCRIPT

CONTACT NUMBER/EMAIL/FAX
OR
MAILING ADDRESS

*****For Office Use Only*****