



**\*\*\*\*\* Records Request (Post-Graduate) \*\*\*\*\***

Date: \_\_\_\_\_

Name Of Student: \_\_\_\_\_  
(Please indicate first/last Name at Time of Graduation)

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ OR Year Left Shen: \_\_\_\_\_

Immunization Log: \_\_\_\_\_ IEP \_\_\_\_\_

Type of Transcript Requested:

Official \_\_\_\_\_ (sent directly to college/university/employer) – Please provide complete name and address that official transcript will be mailed to:

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

Unofficial \_\_\_\_\_ (picked up by/mailed to student)

Person Requesting Transcript:

(Print Name) \_\_\_\_\_

(Contact Phone Number/Email) \_\_\_\_\_

(Signature) \_\_\_\_\_

Please print this form, fill out, include \$2.00 per record requested, and mail to:

Shenendehowa High School East  
Attn: Post-Graduate Student Records  
970 Route 146  
Clifton Park, NY 12065

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

\$2.00 Fee Paid: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Fee Waived \_\_\_\_\_

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