

ST. DOMINIC HIGH SCHOOL
110 ANSTICE STREET
OYSTER BAY, NEW YORK 11771
(516) 922-4888 X 5241

TRANSCRIPT REQUEST FORM

PRINT NAME: _____

DATE OF BIRTH: _____

TODAY'S

DATE: _____ SOCIAL SECURITY # _____ - _____ - _____

FORMER OR MAIDEN NAME WHILE ATTENDING ST. DOMINIC HIGH SCHOOL: _____

PHONE: _____

CURRENT HOME ADDRESS: _____

(____) _____ - _____

(____) _____ - _____

DID YOU GRADUATE FROM ST. DOMINIC HIGH SCHOOL? yes no

DATES OF ATTENDANCE AT ST. DOMINIC HIGH SCHOOL:

(SEMESTER/YEAR) FROM: _____ / _____

TO: _____ / _____

TRANSCRIPT PROCEDURES:

- USE A SEPARATE FORM FOR EACH TRANSCRIPT REQUESTED IF BEING SENT TO DIFFERENT PLACES.
- THERE IS A \$4. CHARGE FOR EACH TRANSCRIPT.
- SUBMIT THIS FORM IN PERSON OR BY MAIL TO THE GUIDANCE OFFICE.
- TRANSCRIPTS WILL BE PROCESSED IN 1-2 WORKING DAYS.

SPECIAL INSTRUCTIONS FOR PROCESSING

___ OFFICIAL TRANSCRIPT

___ UNOFFICIAL TRANSCRIPT

PLEASE CHECK THE APPROPRIATE LINE(S):

___ DO NOT MAIL MY TRANSCRIPT(S). I WILL PICK UP IN PERSON IN THE GUIDANCE OFFICE. (ID IS REQUIRED)

___ MAIL MY TRANSCRIPT(S) TO MY CURRENT ADDRESS.

___ I AUTHORIZE THE RELEASE OF MY TRANSCRIPT(S) TO: _____

FOR PICKUP IN THE GUIDANCE OFFICE.

___ I AUTHORIZE SDHS TO RELEASE MY TRANSCRIPT TO THE ADDRESSEE

BELOW (PRINT): _____

SIGNATURE