

**JAMESVILLE-DEWITT HIGH SCHOOL
COUNSELING CENTER
6845 EDINGER DRIVE P.O. BOX 606
DEWITT, NY 13214**

PHONE (315) 445-5274 / FAX (315) 445-8419

EMAIL: transcriptrequest@jd.cnyric.org

TRANSCRIPT REQUEST FORM

HOW TO REQUEST A TRANSCRIPT:

- Include name and address of each institution you are requesting a transcript be sent to.
- **Be sure to sign the request form.** Your request will not be processed without your signature.
- Mail, fax or email this form to the address, fax number or email address above.

Please note, requests are usually processed within 1-2 business days upon arrival. Transcripts generally take 7-10 days to arrive at their destination. Please plan accordingly.

Name (include maiden name if applicable) _____

Date of Birth _____ Phone Number _____

Year Graduated _____ (or) Year Left _____

Please check:

Release an **official** copy of my transcript. (Official copy must be sent directly from J-DHS to evaluating agency. Official transcript cannot be faxed.)

Release an **unofficial** copy of my transcript. (A transcript mailed to your home, picked up, or faxed will be stamped "Unofficial".)

Release immunizations.

Send to: _____

Send to: _____

Address: _____

Address: _____

Send to: _____

Send to: _____

Address: _____

Address: _____

Student Signature _____ Date _____

For office use only:

Date received _____ Date sent _____