IRVINGTON HIGH SCHOOL

Transcript/Records Request Form (Alumnus/Former Student)

Student Name:	(Name while attending ddress:	I.H.S.)	
Address: Official Transcript (with school seal in a sealed envelope) Unofficial Transcript or records (for your own files) Please send my transcript to: 1. College/Organization: Address: City: State: Zip: 2. College/Organization: Due Date: Address: City: State: Zip: 3. College/Organization: Due Date: Address: City: State: Zip: 3. College/Organization: Address: City: State: Zip: 3. College/Organization: Address: City: State: Zip: authorize, with my signature the release of my records /transcripts to the parties listed about the state of the parties listed about the	ddress:	·	
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City:	College/Organization:		Due Date:
2. College/Organization: Due Date:	Address:		
Address:	City:	State:	Zip:
City:	2. College/Organization:		Due Date:
3. College/Organization: Due Date: Address:	Address:		
Address: City: State: Zip: Buthorize, with my signature the release of my records /transcripts to the parties listed about the Signature (not typed): Instructions: Mail or Fax: Attention - Brenda Herskowitz, Counseling Secretary Irvington High School, 40 North Broadway, Irvington, NY 10533 Phone: 914-269-5432 Fax: 914-591-6756 Email: Brenda.Herskowitz@irvingtonschools.org WHEN AVAILABLE, REQUESTS ARE DONE IN THE ORDER RECEIVED AND MAY TAKE UP TO 5 OR 7 SCHOOL DAYS TO BE PROCESSED.	City:	State:	Zip:
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Special instructions:	•		
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Mailed: _____

Received: _____