

IRVINGTON HIGH SCHOOL

Transcript/Records Request Form (Alumnus/Former Student)

Today's Date _____

Student Name: _____ Phone #: _____

(Name while attending I.H.S.)

Address: _____

Year of Graduation: _____ Email: _____

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: _____ Due Date: _____

Address: _____

City: _____ State: _____ Zip: _____

2. College/Organization: _____ Due Date: _____

Address: _____

City: _____ State: _____ Zip: _____

3. College/Organization: _____ Due Date: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize, with my signature the release of my records /transcripts to the parties listed above.

Student 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: 914-591-6714
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.**

Special instructions: _____

Received: _____

Mailed: _____