

IRVINGTON HIGH SCHOOL
Transcript Request Form (Alumnus/Former Student)

Today's Date _____

Student Name: _____ Phone #: _____
(Name while attending I.H.S.)

Year of Graduation: _____ Email: _____

Official Transcript (with school seal in a sealed envelope)
Unofficial Transcript (for your own records)

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 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: 914-591-6756
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.**

Special instructions: _____

Received: _____

Mailed: _____