

REQUEST FOR A TRANSCRIPT

PLEASE FILL IN THE INFORMATION BELOW AND FAX/MAIL YOUR REQUEST TO:

Amityville Memorial High School
Guidance Office
250 Merrick Road
Amityville NY 11701

Telephone Number: 631-598-6555
Fax Number: 631-264-4489

Date of Request _____

Requesting: [☐] Official/Sealed Copy [☐] Unofficial/Unsealed Copy
(Student's Copy)

Student's Name (***Maiden**-If Applicable*) _____

Date of Graduation _____

OR

Date Left School _____

Date of Birth _____

Daytime Telephone Number _____

Your Current Address _____

Address to Be Mailed To _____

I certify that I am the person stated above and am legally entitled to these records.

Requestor's Signature

THIS REQUEST MAY TAKE UP TO ONE WEEK TO COMPLETE

