

	<p>HARBORFIELDS HIGH SCHOOL GUIDANCE DEPARTMENT (631) 754-5360 EXT. 5405 FAX (631) 754-6237</p>	
<p>Complete and send to hhsstudentrecords@harborfieldscsd.org</p>		

***** REQUEST FOR TRANSCRIPT *****

PHONE #: _____

BIRTHDATE: _____

NAME: _____
 (Include Maiden Name, if applicable)

ADDRESS: _____

MONTH/YEAR GRADUATED: _____

DID NOT GRADUATE/LAST YEAR ATTENDED: _____

I HEREBY REQUEST THAT AN OFFICIAL COPY OF MY HIGH SCHOOL TRANSCRIPT BE SENT TO THE FOLLOWING:

I HEREBY REQUEST THAT AN UNOFFICIAL COPY OF MY HIGH SCHOOL TRANSCRIPT BE SENT TO THE FOLLOWING:

I HEREBY REQUEST THAT A COPY OF MY SCHOOL HEALTH RECORDS BE SENT TO THE FOLLOWING:

SEND TO:

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

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<p>For Office Use Only:</p>
