

Harrisville Central School
Guidance Office
14371 Pirate Lane
Harrisville, NY 13648
Phone (315) 543-2920
Fax (315) 543-1218

Transcript Request Form

I, _____, graduated in or will graduate in _____ and am giving Harrisville Central School permission to send my high school transcript to the following:

1. (Please print legibly)

Name/School Organization: _____

To the attention of: _____

Address:

City, State, Zip:

2. (Please print legibly)

Name/School Organization: _____

To the attention of: _____

Address:

City, State, Zip:

_____ I wish to include my SAT/ACT scores.

_____ I DO NOT wish to include my SAT/Act scores.

Student Name: _____ Date: _____

Former name(s):

Student Signature (required): _____

Note: Transcripts are not available the same day as the request. Please allow 2-3 days for processing.