

TAMARAC HIGH SCHOOL COUNSELING CENTER
3992 NY 2
TROY, NEW YORK 12180
279-4600 (phone)
279-3888 (fax)

Request for Transcript/Records

Date

Authorization is hereby granted to release records held by Tamarac High School concerning the person named below:

NAME (At time of attendance) _____
ADDRESS _____

TELEPHONE # _____
DATE OF BIRTH _____
YEAR OF GRADUATION _____

SEND TO: College/Employer/Self (Circle One)

Mailing Address: _____

FORMER STUDENTS INCLUDE APPLICABLE FEES AS NOTED BELOW. Please make checks payable to Brittonkill Central Schools. There are no fees for students currently enrolled.

- _____ OFFICIAL TRANSCRIPT: \$1.00 per transcript
- _____ UNOFFICIAL TRANSCRIPT: \$1.00 per transcript
- _____ RECOMMENDATIONS: no charge

UNLESS OTHERWISE NOTED, YOU WILL RECEIVE YOUR MATERIALS WITHIN 5 DAYS OF REQUEST.

Student Signature

Date Done

By