

GREAT NECK SOUTH HIGH SCHOOL
Fax # (516) 441-4891
Phone# (516) 441-4820
TRANSCRIPT REQUEST FORM



I, _____, graduate of the class
(print name)

of _____, request that an official copy of my Transcript be mailed to:
(insert year of graduation)

1. _____
(insert name and address of college/university, etc.)

2. _____
(insert name and address of college/university, etc.)

My current telephone number is (_____) _____ and/or my email

address is: _____

Date: _____

Signed by Graduate