Fort Ann Central School TRANSCRIPT REQUEST FORM

A transcript request <u>must be made by the student</u> and this form must be filled out in its entirety. A copy of your <u>photo ID is also required</u>.

A transcript request will be processed within three business days from the time it is received by the Guidance Office. During the months of July and August, transcript requests may take up to five business days to be processed. There is currently no charge for this service.

A completed form may be mailed, faxed (518.639.4341), or scanned & emailed as a document to the attention of the Guidance Office Secretary (kcrosbie@fortannschool.org). The form may also be dropped off in person, however, this is not recommended, nor will it expedite the process.

NAME (please print)	·		
MAIDEN/FORMER N	NAME (if applicable):		
DATE OF BIRTH:			
MAILING ADDRESS);		
DAYTIME PHONE N	IUMBER: ()		
ARE YOU A GRADUATE OF FORT ANN CENTRAL SCHOOL?		DOL?YI	
***STUDENT SIGNA	TURE:		
Please print the maili	ing address for the transcript:		
(College, Person, Employer,	Organization)		
(Street Address)			
(City, State, Zip Code)			
OFFICE USE ONLY:	(Date Form Received in Guidance Office)	(Date Sent)	· (Initials)