

Sherburne-Earlville High School

Counseling Office
13 School Street
Sherburne, NY 13460
Phone: 607-674-7315
Fax: 607-674-7355
www.secsd.org

TRANSCRIPT REQUEST FORM

How to Request A Transcript:

Use one transcript request form for each transcript to be sent.

- Mail, email, or fax this form to the address/fax number above
“Attn: Susan Turner, Counseling Office”/email: turners@seonline.org
- Be sure to sign the request form below. Your request will not be processed without your signature.

Please note, requests are usually processed within 1-2 business days upon arrival. Transcripts generally take between 7-10 days to arrive at their destination, so please plan accordingly.

Please Print Clearly

Last Name: _____ First Name: _____

Name While Attending S-E High (if different from above): _____

Date of Birth: _____ Year you left/Graduated: _____

Daytime Phone Number: _____ E-Mail Address: _____

Include *ACT/SAT scores with transcript, if applicable? Yes No

*Please note that these may or may not be applicable, depending on if records released to S-E.

Other special instructions: _____

Send Official Transcript to: _____

College/University Name: _____

Address: _____

Send Unofficial Transcript to: _____

Address: _____

Attention: _____

Pick up in Office: _____ Date to pick up: _____

Signature: _____ Date: _____

*Please note that transcript requests require a signature before we can release the information. A transcript sent directly to a college/university will be marked as official. A transcript mailed/emailed to your home or picked up will be marked unofficial.

For Internal Use Only: Date mailed/faxed/emailed to recipient: _____