

Schenevus Central School District Transcript Request

Send to: Student Center
Schenevus Central School
159 Main Street
Schenevus, NY 12155
Phone: (607) 638-9329 Fax: (607) 638-5600

Name: _____

Name While Attending SCS: _____

Date of Birth: _____

Date of Graduation: _____

Dates of Attendance: From _____ To _____

Address: _____

Phone Number: _____ Email Address: _____

.....

Please check one: _____ Official transcript _____ Unofficial transcript

NAME OF RECIPIENT AND MAILING ADDRESS

Name/School: _____

Address: _____

City, State, Zip: _____

Email Address: _____

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Student Signature: _____ Date: _____