

Chatham High School Guidance Office

50 Woodbridge Avenue

Chatham, NY 12037

(518) 392-1575 (518) 392-0879 (Fax)

ALUMNUS TRANSCRIPT REQUEST

Name graduated/withdrawn under _____

Date of Birth _____

Phone Number _____

Home Address _____

Email Address _____

Year Graduated _____ Year Withdrawn _____

Date Requested _____

Official Transcript _____

Unofficial Transcript _____

Immunizations _____

Verification of Graduation _____

College / University / Business to be sent to:

Person / Company requesting Transcript / Education Verification:

Phone _____ Fax Number _____

Email Address _____