

East Hampton High School

Alumni Transcript/Records Request

Date: _____

Telephone Number_____

Name of Graduate: _____

(graduation name if married)

Date/Year of Graduation: _____

Request for Transcript: Yes_____

No_____

School records: _____

Not SAT scores - must be sent by the College Board directly

Mail to: _____

Fax to: _____

Signature: _____

* * * * *

Date mailed: _____

Date faxed: _____