

PERRY HIGH SCHOOL
TRANSCRIPT/IMMUNIZATION REQUEST
For Graduates/Left students

Date: _____

Name: _____

Maiden Name: _____

Date of Birth: _____

Phone Number: _____

Graduation year: _____

Please send Transcript or Immunizations

To: _____

Return completed form to:

Perry High School Counseling
33 Watkins Ave.
Perry, NY 14530

Or call 585-237-0270 x1173