

TRANSCRIPT REQUEST FORM

Tamarac High School Counseling Center
3992 NY 2
Troy, NY 12180
Phone: 518-279-4600
Fax: 518-279-3888

**Authorization is hereby granted to release academic records held by
Tamarac High School concerning the person named below:**

FIRST & LAST NAME _____

NAME AT TIME OF ATTENDANCE _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____

YEAR LEFT TAMARAC HS _____

TELEPHONE NUMBER _____

SEND TO (circle one): College / Employer / Self

Mailing address: _____

**FORMER STUDENTS MUST INCLUDE APPLICABLE FEES AS NOTED.
Please make checks payable to Brunswick Central Schools. There are no fees
for students who are currently enrolled.**

_____ Official Transcript: \$1.00 per transcript

_____ Unofficial Transcript: \$1.00 per transcript

SIGNATURE: _____ DATE: _____

**NOTE: Transcripts will be processed within 10 days of request and payment.
Official transcripts will only be mailed directly to a college or employer.**