

West Irondequoit Central School District
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PAST GRADUATE TRANSCRIPT REQUEST

Official transcripts need to be mailed directly from IHS. You may request an **unofficial** transcript be sent directly to you for your personal records.

Year of Graduation _____ or Last Year Attended _____

Name _____ Birth Date _____
Last First Maiden

Request for: _____ College Admission Immunization Record _____
_____ Military
_____ Scholarship
_____ Employment
_____ Unofficial

Please provide a pre-addressed/stamped envelope for each mailing.

Mail to:

Name _____

Address _____

Name _____

Address _____

YOU HAVE PERMISSION TO RELEASE MY TRANSCRIPT & TEST SCORES:

Signed _____ Date _____

Address _____ Phone _____

FOR OFFICE USE:

Date mailed _____ Recorded by _____