

ATTENTION STUDENT

Use this form to request your official transcript from your high school.

High School Transcript Release Form

DATE: _____

TO: _____

(Insert name of high school)

(Street address)

(City, State, Zip Code)

Dear Guidance Office:

Please send OFFICIAL HIGH SCHOOL TRANSCRIPT for:

Student: _____

Date of Birth: _____

Date of Graduation: _____

Signature of student authorizing release

Transcript should be sent to:

**ORANGE COUNTY COMMUNITY COLLEGE
ADMISSIONS OFFICE
115 South Street
Middletown, NY 10940**

Thank you for your prompt attention to this matter.