

**TAPPAN ZEE HIGH SCHOOL
GUIDANCE DEPARTMENT
15 DUTCH HILL ROAD
ORANGEBURG, NY 10962
(845) 680-1614
FAX - (845) 680 -1929**

TRANSCRIPT RELEASE FORM – FORMER STUDENT

Date: _____ Year of Graduation: _____ **Or** Date Last Attended: _____

Telephone #: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____

City, State, Zip: _____

Please send an official transcript to: (please give full address and name of college)

| Name of College | Address of College |
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This form can be emailed back to Mrs. Reynolds at lreynolds@socsd.org or faxed to (845) 680-1929

Student's Signature: _____ Date Mailed : _____