

**TRANSCRIPT REQUEST**

After this form is completed and signed, you may send it to Centereach High School at:

**Centereach High School  
14 43<sup>rd</sup> Street  
Centereach, NY 11720  
Attn: Transcript Requests**

or

**Fax# 631-285-8101**

or

**Email: CHS-Transcript-Department@mccsd.net**

**Date of Request:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Grad. Date:** \_\_\_\_\_

**If a non-graduate, date left school (month/year):** \_\_\_\_\_

**School to be mailed to:** \_\_\_\_\_  
**(If unofficial, person mailed to:)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunization Records:** \_\_\_\_\_

**Unofficial Transcript:** \_\_\_\_\_

**Official Transcript:** \_\_\_\_\_

(Official transcripts need to be mailed directly to the school or organization, unofficial can be mailed to a person.)

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*I hereby authorize Centereach High School to release the above requested documents to the individual / school / organization noted above.*

**Signature:** \_\_\_\_\_

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**For Office Use Only**

**Date mailed:** \_\_\_\_\_