

ST. DOMINIC HIGH SCHOOL
110 ANSTICE STREET
OYSTER BAY, NEW YORK 11771
(516) 922-4888 X 5241

TRANSCRIPT REQUEST FORM

PRINT NAME: _____

DATE OF BIRTH: _____

TODAY'S

DATE: _____ **SOCIAL SECURITY #** ____ - ____ - ____

FORMER OR MAIDEN NAME WHILE ATTENDING ST. DOMINIC HIGH SCHOOL:

PHONE:

(____) _____ - _____
(____) _____ - _____

CURRENT HOME ADDRESS:

DID YOU GRADUATE FROM ST. DOMINIC HIGH SCHOOL? yes ____ no ____

DATES OF ATTENDANCE AT ST. DOMINIC HIGH SCHOOL:

(SEMESTER/YEAR) FROM: _____ / _____

TO: _____ / _____

TRANSCRIPT PROCEDURES:

- USE A SEPARATE FORM FOR EACH TRANSCRIPT REQUESTED IF BEING SENT TO DIFFERENT PLACES.
- THERE IS A \$5.00 CHARGE (CASH OR MONEY ORDER ONLY) FOR EACH TRANSCRIPT.
- SUBMIT THIS FORM IN PERSON OR BY MAIL TO THE GUIDANCE OFFICE.
- TRANSCRIPTS WILL BE PROCESSED IN 1-2 WORKING DAYS.

SPECIAL INSTRUCTIONS FOR PROCESSING

___ **OFFICIAL TRANSCRIPT**

___ **UNOFFICIAL TRANSCRIPT**

PLEASE CHECK THE APPROPRIATE LINE(S):

___ **DO NOT MAIL MY TRANSCRIPT(S). I WILL PICK UP IN PERSON IN THE GUIDANCE OFFICE.(ID IS REQUIRED)**

___ **MAIL MY TRANSCRIPT(S) TO MY CURRENT ADDRESS.**

___ **I AUTHORIZE THE RELEASE OF MY TRANSCRIPT(S) TO:** _____
_____ **FOR PICKUP IN THE GUIDANCE OFFICE.**

___ **I AUTHORIZE SDHS TO RELEASE MY TRANSCRIPT TO THE ADDRESSEE BELOW(PRINT):** _____

SIGNATURE