

PAST GRADUATES TRANSCRIPT/IMMUNIZATION REQUESTS

Mail to: W.V.H.S. Guidance Office or FAX: (845) 986-8982
P.O. Box 595
Warwick, NY 10990

DATE SUBMITTED TO GUIDANCE: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

YEAR GRADUATED: _____

STUDENT PHONE NUMBER: _____

PLEASE CHECK APPROPRIATE BOX(ES)

- OFFICIAL TRANSCRIPT SENT TO COLLEGE
- OFFICIAL TRANSCRIPT PICKED UP
OF COPIES _____
- UNOFFICIAL TRANSCRIPT PICKED UP
- IMMUNIZATION RECORDS SENT TO COLLEGE
- IMMUNIZATION RECORDS PICKED UP

COMPLETE NAME & ADDRESS OF COLLEGE:

SIGNATURE

PAST GRADUATES TRANSCRIPT/IMMUNIZATION REQUESTS

Mail to: W.V.H.S. Guidance Office or FAX: (845) 986-8982
P.O. Box 595
Warwick, NY 10990

DATE SUBMITTED TO GUIDANCE: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

YEAR GRADUATED: _____

STUDENT PHONE NUMBER: _____

PLEASE CHECK APPROPRIATE BOX(ES)

- OFFICIAL TRANSCRIPT SENT TO COLLEGE
- OFFICIAL TRANSCRIPT PICKED UP
OF COPIES _____
- UNOFFICIAL TRANSCRIPT PICKED UP
- IMMUNIZATION RECORDS SENT TO COLLEGE
- IMMUNIZATION RECORDS PICKED UP

COMPLETE NAME & ADDRESS OF COLLEGE:

SIGNATURE

..... ONE FORM PER REQUEST CUT HERE CUT HERE ONE FORM PER REQUEST CUT HERE