

Ichabod Crane High School

PO Box 820

2910 Route 9

Valatie, New York 12184

Counseling and Career Center Phone: (518) 758-7575 ext. 4008 Fax: (518) 758-8269

TRANSCRIPT/RECORD RELEASE REQUEST FORM (Former Student)

Name: (Please Print) _____

Maiden Name: (if applicable) _____

Date of Birth: _____ Date of Request: _____

Did you graduate from ICC? Yes ___ No ___ If yes, what year did you graduate? _____

If no, what years did you attend ICC? _____

CONTACT INFORMATION

Current Mailing Address: _____

Phone Number(s): _____ Email Address: _____

Where would you like this sent? _____

Transcript Request Policy

In order to allow for processing, we ask that you turn in this request no later than 2 weeks prior to the deadline. Failure to do so may result in missed deadlines. All transcripts must be mailed.

By signing this release, I am authorizing Ichabod Crane High School to release my transcript as indicated below.

Signature

| Please Send: | MAIL TO: College /University/Employer/Home | (Office Use Only) Date Sent/Picked Up |
|-----------------|---|--|
| ____ Transcript | Name/Organization: Address: | |
| ____ Transcript | Name/Organization: Address: | |