

# Ichabod Crane High School

PO Box 820

2910 Route 9

Valatie, New York 12184

Guidance and Counseling Office Phone: (518) 758-7607 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? \_\_\_\_\_

**By signing this release, I am authorizing Ichabod Crane High School to release my transcript and/or other records as indicated below.**

\_\_\_\_\_  
Signature

Please Send:	MAIL TO: College /University/Employer/Home	(Office Use Only) Date Sent/Picked Up
<input type="checkbox"/> Transcript <input type="checkbox"/> Test Scores <input type="checkbox"/> Other _____ (please specify)	Name/Organization:  Address:	
<input type="checkbox"/> Transcript <input type="checkbox"/> Test Scores <input type="checkbox"/> Other _____ (please specify)	Name/Organization:  Address:	