

SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE

High School Transcript Request Form

To have your high school transcript sent directly from your high school to SUNY Schenectady please fill out the information below and **mail this form to the high school you have attended**. Please check with your high school if there is a fee for a transcript request.

To: High School Guidance Office

Name of High School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Please send an Official Transcript to:
SUNY Schenectady County Community College
Office of Admissions
78 Washington Avenue
Schenectady, New York 12305

Requested By:

Name: _____

Former Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Dates Attended: _____

OR

Graduation Date: _____

Social Security Number: _____

Student Signature: _____

Date: _____