

TRANSCRIPT & IMMUNIZATION REQUEST FORM

Name _____ Date Request Was Received _____

Date of Birth _____ Maiden Name _____

Year of Graduation _____

SAT's? _____ Immunization Records? _____

Official or Unofficial? _____

Pick up? _____

Send? To: _____

Date Needed? _____

Phone number, if any questions _____

Mail to: Mohonasen High School, 2072 Curry Rd., Schenectady, NY 12303, or drop off form in the Counseling & Career Center

**As of July 1, 2006 there will be a fee for transcript and immunization requests:
Transcripts - \$2.00 each, Immunizations - \$2.00 each**

Checks should be made payable to: Mohonasen High School