

TRANSCRIPT & IMMUNIZATION REQUEST FORM

NAME:

LAST NAME WHEN ATTENDED MOHONASEN:

DATE OF BIRTH:

YEAR OF GRADUATION:

Please select which documents are needed-There is a\$2.00 fee for each copy requested-(PLEASE WRITE THE NUMBER YOU NEED NEXT TO THE DOCUMENT YOU ARE REQUESTING):

- OFFICIAL TRANSCRIPT
- UNOFFICIAL TRANSCRIPT
- IMMUNIZATION RECORD

SEND TRANSCRIPTS/IMMUNIZATIONS TO:

PICK UP IN PERSON

- YES
- NO

PHONE NUMBER(IF ANY QUESTIONS):

**Mail completed form to: Mohonasen High School
ATTN: Counseling & Career Center
2072 Curry Road
Schenectady, NY 12303**

**OR Drop completed form off in the Counseling & Career Center
Checks can be made payable to Mohonasen High School**

