

## Schenectady City School District TRANSCRIPT & HEALTH REQUEST FORM

Mail to: Schenectady High School Guidance Office 1445 The Plaza Schenectady, NY 12308 (518) 881-2044 option 2

		Fax (518) 37			
Date:	Date of Birth:	P	hone:		
Name: ****	(Please be sure to include	any name used whil	e attending school) ****		
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·	Last)	(First)	(Middle Initial)	(Maiden Nar	ne)
Number &	ADDRESS: Street:				
City:			State:	Zip Code:	
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(Date)

(Signature)