



IHS TRANSCRIPT REQUEST

(ONE FORM PER REQUEST)

DATE OF REQUEST:	PRINT ON THIS SIDE		
NAME OF (FORMER) STUDENT:			
DATE OF BIRTH:			
CURRENT ADDRESS:			
CITY/STATE/ZIP CODE:			
TELEPHONE #:			
LAST SCHOOL ATTENDING			
	IRVINGTON HS ()	ADULT ()	ALTERNATIVE ()
ARE YOU A GRADUATE?	YES ()	NO ()	
YEAR OF GRADUATION:			
ARE YOU A NON-GRADUATE:	YES ()	NO ()	
WITHDRAWAL YEAR:			
PARENT/GUARDIAN(S) NAME:			
SEND TRANSCRIPT TO: (ADDRESS <u>MUST</u> BE COMPLETE)			
OFFICE OF ADMISSION:			
NAME OF SCHOOL/BUSINESS:			
ADDRESS:			
CITY/STATE/ZIP CODE:			
TELEPHONE #:		FAX #	
PROCESSING FEE: (NONE)			
DO NOT WRITE IN THIS AREA	REQUEST RECEIVED BY _____ Date _____		
	Signed on _____	Mailed on _____	Faxed on _____