

CHAUTAUQUA LAKE CENTRAL SCHOOL

TRANSCRIPT REQUEST FORM

Complete and return this form to the counseling office via email kprewitt@clake.org fax 716-753-5886, or mail to Secondary Counseling Office 100 North Erie Street, Mayville, NY 14757.

Name: _____ Date of Birth: _____

Last Name at time of Graduation: _____ Phone: _____

Address: _____

City, State, Zip: _____

email: _____

If provided, a confirmation email will be sent from kprewitt@clake.org when your transcript has been mailed/faxed.

Graduation Date: _____ From: Chaut. Lake Chautauqua Mayville

Where would you like your transcript sent?

Employer/School Name: _____

Address: _____

City, State, Zip: _____ Fax# _____

Would you like an *unofficial* copy sent to you at your address above?

Yes

No

Your *official* transcript will be sent within 2 business days.

Office Use Only:

Date Received:

Date Completed: