

Fort Ann Central School TRANSCRIPT REQUEST

A transcript request must be made by the student, and this form must be filled out in its entirety.

Your name: (Please print) _____

Maiden/former name if applicable: _____

Your social security #: _____ - _____ - _____

Your date of birth: _____

Your address: _____

Daytime phone: (____) _____

Are you a graduate of Fort Ann? _____ No _____ Yes, Year _____

Your signature: _____

Please print the mailing address for each transcript:

(College, Dept, Person, Employer)

(Mailing Address)

(City, State, Zip)

Mail this form to:

Fort Ann Central School Guidance Office
1 Catherine Street
Fort Ann, NY 12827

You may fax this form to: 518-639-8911

Phone or email requests will not be taken.