MAPLE GROVE MIDDLE / HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Complete and return this form via email cgustafson@bemusptcsd.org, fax 716-386-2376, or mail to Maple Grove Counseling Office PO Box 468, Bemus Point, NY 14712.

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 cgustafson@bemusptcsd.org when your transcript has been mailed/faxed.

Graduation Date: ____________________

Where would you like your transcript sent?

Employer/School Name: ____________________________________________________________

Address: ______________________________________________________________________

City, State, Zip: ___________________________________________________________________

Fax# ________________________or Email address: _____________________________________

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.**