

# MAPLE GROVE MIDDLE / HIGH SCHOOL

## TRANSCRIPT REQUEST FORM

Complete and return this form via email [cgustafson@bemusptcsd.org](mailto: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](mailto: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.