GRADUATES/FORMER STUDENTS OF PEEKSKILL HIGH SCHOOL

REQUEST FOR TRANSCRIPT

- Please complete all information and sign the bottom of the form in order for your request to be processed in a timely manner.

- Include a copy of your state issued picture identification (ID). Requests will not be processed without it.

- Please send the completed transcript request form with a copy of your state issued picture ID to:

  **Mail:**
  Peekskill High School
  Counseling Office
  1072 Elm Street
  Peekskill, NY 10566

  **Fax:**
  (914) 739-1086

  **Email** (Form & ID as an attachment):
  gkhan@peekskillschools.org

**NOTE:** If you are applying to a school and need an OFFICIAL transcript, we can mail it directly to the school. Please indicate at the bottom of this form the address of where you would like it sent. If we mail the transcript to you, it MUST remain sealed in the Peekskill High School envelope to be official. We can give you a copy of your transcript for your personal use that will have “unofficial” stamped on it.

**PLEASE NOTE:** TURNAROUND TIME FOR PROCESSING REQUESTS: 5 BUSINESS DAYS.
PEEKSKILL HIGH SCHOOL ALUMNI TRANSCRIPT REQUEST

1072 Elm Street Peekskill, NY 10566

(914)737-0201 Ext. 3519 (914)739-1086 Fax

Name ________________________, _____________________
Maiden Name _____________________

Date of Birth _________________
Phone Number _________________

Current Address __________________________________
Street _________________ City _________________ State _________________ Zip Code

PHS Graduate? □ Yes  What Year? ______  □ No  Last Year Attended? ______

Please include a copy of your state issued picture ID with all requests.

Please check all that apply

□ I am requesting the Official Transcript be released to the following:

______________________________________________________
Conller, Trade School, Agency or Employer

______________________________________________________
Mailing Address

□ I am requesting an Unofficial Transcript be released to the following:

______________________________________________________
Name

______________________________________________________
Mailing Address, Fax Number or Email Address

I understand that Peekskill City Schools cannot guarantee the confidentiality of any information that is sent via fax or email. I also understand Official Transcripts are mailed directly to the College, Trade School, Agency or Employer.

Signature ________________________________