

West Irondequoit Central School District  
Counseling Center, Mrs. McDonell  
260 Cooper Road  
Rochester, NY 14617-3095  
(585) 336-2931

**PAST GRADUATE TRANSCRIPT REQUEST**

**Official** transcripts need to be mailed directly from IHS. You may request an **unofficial** transcript be sent directly to you for your personal records.

Date \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Maiden

Request for: \_\_\_\_\_ College Admission Deadline \_\_\_\_\_  
\_\_\_\_\_ Scholarship \_\_\_\_\_  
\_\_\_\_\_ Employment Counselor Recommendation \_\_\_\_\_  
\_\_\_\_\_ Unofficial \_\_\_\_\_

**Please provide a pre-addressed/stamped envelope for each mailing.**

Mail to:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**YOU HAVE PERMISSION TO RELEASE MY TRANSCRIPT & TEST SCORES:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE:

Date mailed \_\_\_\_\_ Recorded by \_\_\_\_\_

