

**TAPPAN ZEE HIGH SCHOOL
COUNSELING DEPARTMENT
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(845) 680-1614
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TRANSCRIPT RELEASE FORM – FORMER STUDENT

Date: _____ Year of Graduation: _____ Or Date Last Attended: _____

Telephone #: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____

City, State, Zip: _____

Please send an official transcript to: (please give full address and name of college)

Name of College	Address of College
This form can be emailed back to Mrs. Chaluisan at lchaluisan@socsd.org or faxed to (845) 680-1929	

Student's Signature: _____ Date Mailed : _____