

CAZENOVIA CENTRAL SCHOOL DISTRICT  
CAZENOVIA HIGH SCHOOL  
COUNSELING OFFICE  
31 EMORY AVENUE / CAZENOVIA, NEW YORK 13035  
PHONE: (315) 655-5301 / FAX: (315) 655-1371  
[www.caz.cnyric.org](http://www.caz.cnyric.org)

**TRANSCRIPT REQUEST FORM**

How To Request A Transcript:

- Use one transcript request form for each transcript to be sent.
- Mail or fax this form to the address / fax number above, "Attn.: Melissa Forrett, Counseling Office", or scan and e-mail to [mforrett@caz.cnyric.org](mailto:mforrett@caz.cnyric.org).
- Be sure to sign the request form below. Your request will not be processed without your signature.

*Please note, requests are usually processed within 1-2 business days upon arrival. Transcripts generally take between 7-14 days to arrive at their destination, so please plan accordingly.*

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name While Attending Cazenovia HS (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year You Left/Graduated: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Send Official Transcript to: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

Send Unofficial Transcript to: \_\_\_\_\_

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that transcript requests require a signature before we can release the information. *A transcript sent directly to a college/university will be marked as official. A transcript mailed to your home will be marked unofficial.*

For Internal Use Only:

Date Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_