

**Catskill Central School District
Transcript Request**

343 West Main Street
Catskill, NY 12414
Phone: 518-943-4696
Fax: 518-943-7116
Email: jkusminsky@catskillcsd.org

Student Information

Name (please print): _____

Address: _____

Daytime Phone Number: _____

Unofficial transcript sent to above address? ____yes ____no

Date of Birth: _____

High School Information

Dates of Attendance at Catskill Central Schools:

_____ to _____

Last Grade Attended: _____

Did you graduate from Catskill High School? ____yes ____no

Graduation Date: _____

Please send the following Official Documents to the address(es) below:

____ High School Transcript including SAT or ACT scores (if applicable)

____ IEP (if applicable)

____ Immunizations

School/Business: _____

Address: _____

School/Business: _____

Address: _____

Signature: _____ **Date:** _____