

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: _____

Email: _____

Unofficial transcript **mailed** to me at above email address yes no

Unofficial transcript **mailed** to above address? yes no

Date of Birth: _____

Daytime Phone Number: _____

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: _____

Email: _____

School/Business: _____

Address: _____

Email: _____

Signature: _____ **Date:** _____