

Catskill Central School District  
Transcript Request

343 West Main Street  
Catskill, NY 12414  
Phone: 518-943-4696  
Fax: 518-943-7116  
Email: [njubie@catskillcsd.org](mailto:njubie@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:** \_\_\_\_\_