

ALUMNI REQUEST FOR OFFICIAL TRANSCRIPT

Name: _____
(First) (Middle) (Last)

If you attended Dobbs Ferry HS under a different name, please indicate your former name below:

Home Address: _____
(Number, Street, Apt#) (City & State) (Zip code)

Daytime Phone # _____

Dates of Attendance: _____ Date of Graduation (if applicable) _____

Name & address of person, agency or institution that you wish to receive this transcript:

☐ Mail transcript to address above

☐ Fax transcript to: (fax number) _____

SIGNATURE AND DATE:

Signature – REQUIRED for release of records. This form
must be printed, signed, and then faxed to (914)693-1536
or e-mailed to helgesend@dfsd.org.

Date

For office use only:

Date sent:

Method used: