

**East Syracuse Minoa High School**  
**Counseling Office**  
6400 Fremont Road  
East Syracuse, NY 13057

(315) 434-3306  
FAX: (315) 434-3340

Transcript Request Form

Please type or print (use tab key to go between fields)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Maiden Name or Other Name: \_\_\_\_\_

Years Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

I authorize the release of my official records to the Institution/Agency listed below:  
(Please include name and address for each request)

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date