



**MARCELLUS  
Senior High School**

**ALUMNI TRANSCRIPT REQUEST FORM**

Send to:  
Marcellus High School Counseling Office  
1 Mustang Hill  
Marcellus, NY 13108  
[dgascon@marcellusschools.org](mailto:dgascon@marcellusschools.org)  
Fax: 315-673-6327

Name \_\_\_\_\_ Full Name While Attending MHS \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation or Withdrawal \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Pick-Up       Mail       Email

**NAME OF THE RECIPIENT(S) AND MAILING ADDRESS(ES)**

*You are responsible for the correct, complete, and legible address.*

**Recipient #1**

Name/School \_\_\_\_\_

Company/Office \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Number of Copies \_\_\_\_\_

**Recipient #2**

Name/School \_\_\_\_\_

Company/Office \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Number of Copies \_\_\_\_\_

*If you have additional recipients, please attach another form.*

*I, the above-named, student certify that all the information provided is correct; that the recipient(s) information is accurate, complete, and legible. I understand that the transcript will be provided in a stamped and sealed envelope to the recipients listed (transcripts mailed to graduates are unofficial and will not be stamped and sealed), and that tampering with the envelope will nullify the validity of the transcript(s).*

Alumni Signature \_\_\_\_\_ Date \_\_\_\_\_