



# Henry D. Perry Education Center Transcript Request Form

Phone: (754) 321-7050  
Fax: (754)321-7135

**\*\*Please Note: Transcripts take 3 business days to process\*\***

**\*\*PAYABLE IN CASH ONLY!!!!\*\***  
**EACH COPY IS \$2.00**  
**MUST HAVE A VALID PHOTO ID TO REQUEST**

## Student Information

Date: \_\_\_\_\_ FSI#: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Years of Attendance/Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Purpose of Transcript Request: (Please select one)

Transfer(in District)  Transfer(out of District)  Graduate  Other \_\_\_\_\_

Circle one: Pickup or Mail

Where to Send Transcript if mailing:

Name of Institution: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Signature: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

I hereby authorize Henry D. Perry Education Center to release my transcripts as instructed.

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## FOR OFFICE USE ONLY

Date Payment Processed: \_\_\_\_\_  
Personnel Signature: \_\_\_\_\_  
Total \$ Received: \$ \_\_\_\_\_

Date Transcript Processed: \_\_\_\_\_  
Personnel Signature: \_\_\_\_\_