



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 \$5.00
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.

FOR OFFICE USE ONLY

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

Date Transcript Processed: _____
Personnel Signature: _____