

Ichabod Crane High School
PO Box 820
2910 Route 9
Valatie, NY 12184
Guidance (518) 758-7607 Fax (518) 758-8269

TRANSCRIPT RELEASE REQUEST FORM (former student)

NAME: (please print) _____

MAIDEN NAME (if applicable) _____

Date of Birth _____ DATE of REQUEST _____

Did you graduate form ICC? Yes No If yes, what year did you graduate? _____

If no, what years did you attend ICC? _____

CONTACT INFORMATION

Current Mailing Address _____

Phone Number _____ Email Address _____

Where would you like this sent? _____

By signing this release, I am authorizing Ichabod Crane High School to release my transcript and/or test scores as indicated below.

Signature

Please send my:	MAIL TO: College /University/Institution	(Office Use only) date sent
____ Transcript		
____ Test Scores (ACT/SAT)		
____ Other _____		
____ Transcript		
____ Test Scores (ACT/SAT)		
____ Other _____		